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-British Medical Journal, July 20.

A New Method of Excision of Joints.—Dr. Edward Thompson, Surgeon to the Tyrone County Infirmary, describes a case of caries of some of the carpal bones of the left hand, in which it was deemed advisable to excise the wrist-joint. This was done entirely by the use of the gouge and chisel, all diseased bone being removed without the use of the saw. An admirable result followed. Dr. Thompson believes that arthrectomy, performed in this manner, has a large field before it.

-British Medical Journal, July 20.

INGLUVIN.—Dr. A. Gawalowski reports that he finds ingluvin originating from a New York firm to consist simply of three parts table salt with ninety-seven parts of a crude pepsin containing starch.

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(See New York Medical Journal, July 20, 1889, page 72.)

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Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and

he then said

st of the wines of coca contain tannin and extractives, render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The diffi-culty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted.

The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically

worthless.
"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

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Clinical Lecture.

A LECTURE ON VARICOCELE.

(Delivered at the College of Physicians and Surgeons, Chicago, III.

By G. FRANK LYDSTON, M.D., CHICAGO, ILL.

PART I

CENTLEMEN: Varicocele is one of the most frequent affections of the male genito-urinary apparatus. Fortunately, however, it is not intrinsically a serious disease, and is in by far the majority of cases tolerated indefinitely, producing, as a rule, comparatively little discomfort. In a certain proportion of cases, however, the disease becomes sufficiently pronounced to induce the patient to consult the surgeon, and to justify the use of support or even the adoption of surgical procedures of an operative character for its relief.

The disease consists in a dilatation of, with accompanying changes in, the walls of the veins of the plexus surrounding the spermatic cord. In a general way, these changes resemble those which occur in varix in other situations, the causes being essentially the same if we exclude the influence of masturbation and sexual excesses. Varicocele occurs in quite a large proportion of adult males, the proportion, according to some authorities, being as high as one in ten. Landouzy, an old French writer, stated that it

occurred in 60 per cent. of adult males. This, however, is undoubtedly an exaggeration, unless we accept as cases of varicocele the slighter forms of dilatation of the spermatic veins.

Henry, however, found but forty-one varicoceles in nearly two thousand examinations as police surgeon, but this observation is not an accurate criterion of the frequency of the disease, for the applicants for positions upon the New York Police Force are certainly exceptional from a physical standpoint, and, on the average, less likely to have varicocele than almost any other class of men that could be mentioned.

The frequency of varicocele diminishes markedly with increasing age. M. Horteloup, Surgeon to the Bicétre, found 42 subjects with varicocele among 1600 individuals, and of these but 16 were above twenty-five years of age; of the total number of varicoceles, 14 increased as the patients grew older, 19 remained stationary, 8 diminished, and 1 entirely disappeared.

Varicocele is much more frequent than varices in other situations, this being due to the fact that there exists, in addition to the general causes of venous dilatation, certain special causes due to anatomical peculiarities of the affected structure. The veins which return the blood from the testicle are of considerable size, and follow a winding course as they leave that organ and ascend upon the spermatic cord. They are arranged in a peculiar manner, constituting a plexus surrounding the cord (pampiniform plexus),

¹ Du varicocèle et en particulier de la cure radicale de cette affection.

Medical Record, New York, 1882.
 Memoire à l'Acad., inedit.

the vessels which anastomose at frequent intervals. The valves of the veins constituting this plexus are very defective, and it is possible to inject fluid from above downwards past the valves with very little pressure. As compared with the veins in other portions of the body, those of the pampiniform or spermatic plexus are illy supported by the connective tissue about them, it being in this situation loose, sparse, and inelastic. The spermatic veins are very long, and even if their valves were not defective there would be a tendency to dilatation on account of the insufficient support to their walls afforded by the cellular tissue, and the great weight of the long column of blood which must necessarily rise perpendicularly in order to empty itself into the large venous channels of the abdomen. Pressure upon the veins as they traverse the inguinal canal is an important factor in the production of varicocele, and is due to straining efforts of various kinds, and particularly those involved in defecation, if the bowels be constipated. The left spermatic plexus is generally affected in preference to the right. The reasons that have been advanced in explanation of this fact are: 1. The lower position of the left testicle. 2. The relative acuteness of the angle formed by the junction of the left spermatic vein with the renal. 3 The close proximity of the left spermatic vein to the sigmoid flexure of the colon and its consequent exposure to pressure in constipation. 4. The absence of a valve in the left spermatic vein at its junction with the renal vein. 5. Tendency on the part of men to stand upon the left foot.

It would seem that the relatively greater weight of the column of blood in the left spermatic plexus, due to the fact that the cord and its accompanying veins are longer than upon the right side, is a sufficient explanation for the preponderance of varicocele upon the left side.

The causes of varices in general are several. It is probable that an inherent lack of tone of the venous walls is the foundation of the majority of cases of the disease. This is usually designated as hereditary or congenital predisposition. Individuals who are debilitated from any cause are most liable to the occurrence of varicose veins. In such conditions the walls of the veins are lax, flabby, and unresisting, and inasmuch as the same causes which produce this condition of affairs also weaken the heart's action, there is a deficiency in the vis a tergo, which constitutes an important element in the propulsion of the blood through the veins, as well as a deficiency in the aspirating power of the heart and lungs within the chest. These same patients present a tendency to hemorrhages, on account of a lack of vascular tone, and I have noticed that in a general way the existence of varices in patients about to be operated upon is a note of warning as regards possible serious hemorrhage. Persons who suffer from such diseases as purpura and scurvy are particularly liable to relaxed and dilated conditions of the veins. Strumous individuals also present a tendency to varices. Persons of indolent habits are quite apt to have varices, because of a defective circulation, as well as the relaxed condition of the vascular walls produced by the gen-

eral lack of tone incidental to insufficient exercise. Such subjects who are compelled to stand at their work for prolonged periods are peculiarly subject to varicose veins. Certain diseases of the heart, liver, lungs, and peritoneal cavity, which induce by pressure obstruction to the return flow of blood through the vena cava and iliac veins, favor the occurrence of varix. In cases of obstruction to the portal circulation of long standing, varicocele is liable to occur in conjunction with hemorrhoids.

Masturbation, sexual excess, and prolonged venereal excitement without gratification are undoubtedly responsible for varicocele in some instances. It is improbable that these causes, if brought to play for the first time in a healthy adult, would produce much effect, but occurring as they do when tissue development is really in excess as compared with the inherent resisting power or strength of the various bodily structures, they operate very powerfully in producing congestion, and finally dilatation of the spermatic plexus. It will be found, however, that in a large proportion of cases which seem to be directly attributable to these causes, there exists a foundation for the disease in the form of an inherent defective tone of the vascular walls, akin, perhaps, to that mysterious condition which exists in hæmatophilia as far as its hereditary character is concerned. Inasmuch as it is an established fact that the disease alluded to is of an hereditary nature, and is to a certain extent dependent upon defective arterial contractility, it is logical to infer that a similarly defective tone of the venous walls may exist, and be of a similarly hereditary character.

When associated with other causes of varicocele, chronic constipation has an important influence in its production; obviously the pressure of the accumulated fæces upon the spermatic vein produces more or less obstruction to the return circulation. The pressure of a truss occasionally induces varicocele in conjunction with hernia. The disease has been known to occur as a consequence of lifting or athletic strain of various kinds. I have seen several cases of this sort. Dr. Keyes also describes this form of the disease. Percival Pott reported several cases of "acute varicocele" due to a combination of fatigue, injury to the part, and exposure to cold, the condition being followed by complete atrophy of the testicle. These cases were undoubtedly phlebitis of the spermatic veins, which condition gave rise to a proliferation of connective tissue that permanently occluded their lumen.

Varicocele occurs with the greatest frequency between the ages of fifteen and thirty-five, 1 this being the period when all the faculties of the body are at their maximum and physical growth is the most active. It is also at this period that perverted sexual habits and hygiene are apt to enter into the daily life of the patient, either in the form of sexual excess, sexual excitement without gratification, or masturbation.

The anatomical changes in varicocele involve chiefly a dilatation and tortuosity of the veins with a loss of

¹ M. Edmond Wickham, "Laresection du scrotum," 1885.

elasticity and contractility. There is usually more or less increase in the thickness of the venous walls. This, however, does not make them proportionately stronger, because of the fact that the vessel is enormously dilated, and consequently its walls are thinner in proportion to the weight of its contents than is the case with the normal vessels. It would seem that the elastic and contractile tissue of the venous walls is absorbed in varicocele, and replaced by a low grade of connective or fibro-connective tissue. Chronic inflammation (chronic phlebitis) may occur and enhance the vascular thickening. In some instances concretions (phleboliths) are found within the veins and may be felt from the exterior. The valves of the veins are almost completely destroyed as far as their functionating capacity is concerned, and in different portions of the venous walls spots of fatty degeneration may exist. The scrotum is always thin and relaxed, its muscular tissue being greatly weakened, and as an evidence of the general character of the affection and its dependence upon an inherent lack of vascular tone, the scrotal veins are often enormously dilated and tortuous.

The symptoms of varicocele vary with the severity of the affection. The first thing which attracts the attention of the patient is usually enlargement of the veins, producing a slightly tumorous condition ofas the patient supposes-the testicle. This enlargement in the majority of cases is so slight as to be of no practical importance, its principal effect being a resulting disturbance of the morale of the patient. These individuals who consult the surgeon regarding the slighter forms of varicocele are generally masturbators, who have become aware of the evil effects of the habit, and under the stimulation of quack literature are practising a most rigorous introspection and frantically searching for morbid effects of their vicious habits. In their daily inspection of their genitalia they accidentally discover a slight enlargement of one or the other testicle with an attendant relaxation of the scrotum.

Possibly their attention is at this time first called to the fact that one testicle hangs lower than the other. The discovery of these things in combination with their apprehensions alarms the patient and induces him to seek relief, but too often impels him to consult the quack, who finds in such victims his most profitable patients, particularly if spermatorrhæa or nocturnal emissions coexist, as is quite apt to be the case. These slight enlargements of the spermatic veins are due to imperfect sexual hygiene with attendant vascular congestion; they generally disappear after normal sexual relations have been established, and it is very rarely that the practitioner is again consulted when such patients are happily married. Operative interference in these cases is unwarrantable, and in the opinion of conscientious surgeons is dishonest.

Varicocele in its more marked forms is very readily recognized. It presents a soft, mushy tumor, which has been said to impart to the fingers a sensation as of a bundle of worms within a sac, this being as accurate as any description which could be given. The veins of the scrotum are often tortuous and dilated. The tumor is not tender upon pressure

unless phlebitis exists. Phleboliths are sometimes to be detected within the cavity of the veins.

The subjective symptoms are both mental and physical in character. In nearly all well-marked cases the disease gives rise to considerable mental annoyance as well as a varied degree of actual physical suffering. In nearly every young man, who is affected with a varicocele sufficiently marked to attract his attention, a greater or less degree of mental depression and sexual hypochondriasis exist, and, indeed, in certain instances, serve to make life miserable. If the patient be at all sensitive, the physical deformity which the varix occasions may give rise to great annoyance. There is unquestionably in all cases of pronounced varicocele a marked lack of tone of the sexual apparatus; pseudo-impotency, frequent polutions, and spermatorrhœa are often conjoined with varicocele, and may persist after that condition has been operated upon. Irritability of the neck of the bladder, neuralgia of the testes, dragging pains along the spermatic cord, pain in the back and thighs are among the more disagreeable symptoms produced by the disease. When the scrotum is extremely lax and pendulous, its veins being dilated and tortuous, it may give rise to considerable mechanical discomfort. Should the sudoriferous secretion of the relaxed scrotum be excessive, pruritis with perhaps eczema of the scrotum may exist.

The pain and mental discomfort incidental to varicocele is not necessarily proportionate to the severity of the disease. Some cases with a very slight varicocele are profoundly depressed and complain greatly of reflex neuralgic pains in the back, thighs, and testes, with associated pronounced mental depression. In other cases a very large varicocele may produce no discomfort whatever, save that which is incidental to its size and consequent mechanical effects, locomotion being in some cases somewhat impeded.

The symptoms incidental to varicocele have been observed to improve temporarily after sexual intercourse.¹

[To be continued.]

Original Articles.

THE CLINICAL USES OF ELECTRICITY.

By JOHN V. SHOEMAKER, A.M., M.D., PHILADELPHIA, PA.

THE employment of electricity as a therapeutic agent has been subject to undulations of hope and unbelief for many years past. No remedy of equal value has been so misused; so much exaggerated as to intrinsic worth; or so greatly decried as worthless; and this by those who from education, opportunity and position should have weighed their opinions carefully before sending them forth to influence for good or evil the efforts of less able practitioners in their work amongst the sick. The mechanism for operating electric force has improved much more rapidly than the intelligent use of it in the past ten years. We now possess efficient galvanic

¹ Landouzy, op. cit.

apparatus for any purpose; good faradic and static machines for utilizing currents of high tension; the dynamo is so well understood as to be a good instrument for practical use; whilst the secondary accumulator is so near perfection as to make electric storage possible, and by it we may carry from place to place the hidden energy which dispels the malady or illumines the recesses of the body hitherto shrouded in darkness. No department of therapeutics exists in which electricity is not useful, but we at present note only a few of the more prominent affections in which undoubted success follows its intelligent use, and disorders of the ne vous system will receive the first notice. To begin with, the diagnosis of nervous disease is greatly facilitated by electric investigation. A paralysis may be local or central, and at times ordinary tests render the detection of its cause difficult. For instance, a man who, in ordinarily good health, gradually loses the power of using his arm on one side until he at last is compelled to stop his usual work. A blow on the shoulder long ago would suggest nerve injury, yet the muscular development is good. Now, under both galvanism and faradism the electrical reactions are normal, not only throughout the sound part of the body, but in the paralyzed arm also, despite the chronic nature of his disease, hence we may infer the lesion to be cephalic, not spinal, and subsequent post-mortem examination confirmed the opinion. Again, a man suffers from similar symptoms as the one above noted, but the progress is more rapid and some atrophy of muscle is apparent, at first in one arm, after some weeks in both. Reaction to the current was normal when locally applied, hence peripheral lesion was absent and the atrophy becoming definite on each side we concluded the disorder to be spinal. This was also verified by an autopsy. After a fall a man at once finds one arm to be painful, he suspects neuralgia and treats it with home-made lotions. Soon weakness of the limb supervenes with numbness of one or more fingers. No muscular atrophy, but pain at all points over the ulnar nerve. Some muscles and nerves only respond on the injured side to currents and all do on the other. The lesion was then declared to be peripheral, and prompt recovery proved this to be true. In neuralgias, so common, we may often determine whether the pain is a pure neuralgia or a hysterical or pseudo-neuralgia, because the first yields to galvanism whilst the second is benefited by faradism only. So much for diagnosis. treatment of nervous disorders neuralgia claims attention prominently because it is so amenable to the constant current. In a case of severe cervico-brachial pain, of intermittent character, which compelled a lady to resign her position as clerk, and in which the numerous antiperiodics and tonics with narcotics failed, galvanism applied, the positive (stabile) to the shoulder and the negative to the arm, forearm and hand (labile), with a current beginning at 5 ma. and running up to 60 ma. daily, cured her in three weeks. She had been sick for four years previously, but now remains well after three years.

Another instance was that of a washerwoman who

cheek, eye and temple of one side. She had had nausea, constipation, and no appetite. For these symptoms the patient was treated for liver and stomach disorder by one physician, by another for kidney disease, and for dyspepsia by still another. Next, a gynecologist treated her womb and ovaries, but all to no purpose. Pressure over the focal points caused relief more than pain, hence faradism was used, a moderate current traversing the sensative parts on the face and passing to the nape of the neck removed all the symptoms in some twenty-five applications. A combination or alternation of general faradization and localized galvanization along the spine is wonderfully efficacious in all forms of hysteria and spinal irritability. Many nervous girls, who are a burden to themselves and their families, are brought into a new enjoyment of life by this manner of therapeusis. More attention to careful electro-therapeutics and less to uterine suspicions would save many innocent appendages and remove discreditable abdominal surgery to a large extent in the domain of female hysteria. Epilepsy and epileptiform seizures are at times susceptible of cure or material benefit by galvanism. The preferable method is to apply descending currents from the vertex to the epigastrium. If convenient the current should be applied so as to anticipate the spasm, and experience has shown its power to cut the seizure short, as to duration, or sometimes abort it, The bromides are heightened in their effect by conjoined electrization, and when minor epilepsy is simply held in check by bromine, electricity should at least receive a fair trial, because in the hands of experts it has completed a cure in many such cases. Chorea and allied tremor is often notably relieved by general galvanization. Cases occur in which a single muscle will twitch, as, for instance, that one short in extent but long in name, the levator labii superioris et alaeque nasi. Local faradization has often cured such spasm, as also that of one or both evelids. The ordinary chorea of schools is usually cut short by strong faradism of the entire surface. The various paralyses afford a wide field for electrical treatment, of course, when dependent on central lesion, such as pressure from intercranial hemorrhage, time should be given for thorough absorption of the c'ot, but in from six to twelve weeks after the onset no remedy equals faradization locally to the affected muscles. Gentle galvanization of the brain shortly after the seizure undoubtedly tends to hasten absorption of the effusion. In Bell's palsy nothing exceeds in usefulness localized galvanism. The affected muscles should be picked out separately and submitted to treatment one at a time. At times when the constant current is tardy in acting, static sparks may be advantageously substituted. Recovery is so quickly attained in some cases as to astonish the patient, who, it a lady, is naturally solicitous about the distortion which is annoying to her. Galvanism is of value in some diseases of the eye; Dr. C. S. Bull, in the New York Medical Journal, April 27, reports that, "In traumatic anæsthesia of the optic nerve and retina, uncomplicated by any laceration of nerve tissue or suffered from a severe facial pain, involving the rupture of nerve fibers, galvanism carefully and persistently applied has been known to produce a rapid and permanent improvement of vision, when applied directly to the closed lids, and the current passed through the eyeball."

The knife pains of locomotor ataxia are susceptible of amelioration under galvanism and spinal galvanization has, in several marked instances, so greatly improved the patient as to permit his going about after treatment, when before it he had been confined to his chair or couch. Sciatica may always be relieved during the acute paroxysms by galvanism applied by descending currents, and permanent cures have been frequently attained by electro-puncture, the needle being thrust down to the nerve at one or more points along the painful portion of it. Neurasthenia whilst not always cured by electricity alone, although it frequently is, may be overcome by combined electro-massage, and this without the gorging which has characterized the treatment of this apparently universal complaint, and which has done much more harm than good to the patient. In this affection a combined general galvanization and faradization are indicated daily. Many eminent alienists, particularly abroad, are reporting favorably on the use of galvanism in mental disorders. Melancholia, with or without delusion, is apparently benefited by prolonged treatment and without commitment to an asylum. In Philadelphia a professional friend has secured extremely good results in some very decided and obstinate instances which have not yet been reported, although he will shortly detail them. Others presenting delusional or mono-maniac features, which had resisted routine asylum treatment, were thoroughly restored under cerebro-spinal galvanization. In uterine disorders electricity is indispensable. Authentic extra-uterine pregnancies have been cut short by either current. Some operators prefering one, some the other. In dysmenorrhæa, intra-uterine galvanism carried to high power is of great service, whilst in amenorrhœa under faradism, through the ovaries and uterus, the flow is shortly established. Menorrhagia arising from relaxed uterine walls is specially benefited by faradism, and when dependent on villous growth of the endothelium, the use of cauterant galvanic currents will remove the cause. In disorders of the intestinal canal we derive special benefit from electrical treatment. The ceaseless drugging may be avoided in that prevalent trouble, constipation, by methodical faradization. No remedy will more promptly or more certainly tone up the intestinal muscular fiber than electricity, or cause it to contract more promptly. General faradization of the abdomen every morning will always succeed in provoking a movement of the bowels. Moreover, the result is not only prompt, but it is permanent. The protean forms of dyspepsia are amenable to electrical treatment. Indigestion from defective secretion of the gastric fluid is overcome by local galvanism. Glandular action is stimulated and the muscular tone also of the stomach is enhanced under the same method. Gastralgia and stomach cramp are usually relieved at once by galvanism, as is pyrosis and the vomiting of pregnancy. Mild currents of not beyond 15 ma. are needed. The anode may be placed

upon the cervical spine and the cathode over the epigastrium. Torpor of the liver is readily overcome by the use of strong faradic currents, or if chosen, static insolation and drawing of sparks is a proper substitute. Several instances of dislodgment of impacted gallstones have been reported by well-known electrologists, and as we have no special remedy for this painful and distressing malady, except dioscorea villosa, electricity should always be given a trial. Hemorrhoids or piles, although not precisely a disease of the digestive tract, so often depend on blocking of the chylo-poietic circulation as to admit notice at this time. The aching attendant on congested piles is dispelled in many instances by placing the anode on the anus, the cathode over the liver, and passing from 20 to 30 ma, for fifteen minutes. So much is being said at present concerning high electrolytic currents in uterine myoma as to render reference to the matter hardly necessary beyond stating that despite the evident success of the method many surgeons decry the procedure, not because personal experience prompts their utterance (for those who rail most loudly against electrolysis are the ones who are ignorant of electro-therapeutics), but because the new method supplants, in suitable cases, the use of the knife. In connection with the use of electricity in gynæcological practice, we note the article from the pen of Dr. Goelet, of New York, in the New York Medical Journal for June 8, 1889, advocating the use of electricity instead of laparotomy in diseases of the uterine appendages. The paper is a timely one, and if it will stay the indiscriminate operations of abdominal surgeons, or if it attracts the attention which it deserves, it will act as a needed missionary. Dr. W. R. D. Blackwood, of Philadelphia, has advocated electrotherapy in gynecology for fifteen years past before the Philadelphia County Medical Society, and defended it against the adverse comments of leading obstetricians in that body, and in many papers in the Medical and Surgical Reporter, the Philadelphia Medical Times, the Medical Bulletin, and THE MEDICAL REGISTER of this city; with a paper in the New York Journal of Obstetrics many years ago. The employment of currents far beyond those used at the times indicated was insisted on by Dr. Blackwood, in spite of the condemnation of his auditors, particularly in the Society named.

We may say, however, that the doctor, whilst endorsing the views of Dr. Goelet, stated to the writer that he objected to the plaster-of-Paris coating on the electrodes as being a non-conductor, he preferring simple cotton thoroughly wet with any suitable antiseptic solution. The electrodes used by Dr. Goelet are similar to those illustrated by Dr. Blackwood in his papers. (See The Electrical Treatment of Dysmenorrhæa, Philadelphia *Medical Times*, October 9, 1880.)

The great difficulty in managing diseases of the uterus and its appendages by electricity is the want of skill on the part of the operator, and the employment of inadequate apparatus. Time will not at present permit fuller allusion to this matter, but it is of vital importance to thinking men who have the

real good of their patients at heart, and the admissions of gynæcologists, who, after years of laparotomizing, now confess that a large percentage of their operations fail to relieve their patients.

In urethral stricture of the male an advance has been made which incontestably proves the value of electrolysis in that common and troublesome affection. Hundreds of cases have already been successfully treated in our large cities, particularly under Newman, of New York. Contracture of any duct, such as the lachrymal canal, the esophagus, or the Eustachian tube, is amenable to electrolytic method, although the field as yet is not very extended. Prostatorrhea and enlarged prostate receive benefit from galvanism applied by a suitable bougie and intra-

rectal rheophore.

In extreme hypertrophy of the gland the negative may be applied by a well-insulated needle introduced per anum, and as high a current as can be borne (say 75 to 150 ma.), should be used for from three to five minutes, about three days elapsing between each treatment. The indifferent electrode may be applied over the abdomen or on the thigh. A modification in the application of strong currents brings into use the electric cautery. In it we possess great advantage over the écrasure, or similar instruments for the removal of growths by electricity, for the galvanic loop is rapid yet bloodless, and intrinsically aseptic in its operation. Before leaving electrolysis, it may be well to allude to principles governing the use or choice of the active electrode in definite instances. When a current capable of disintegrating substances is used the various salts of the tissues are found at the negative pole, the lime soda and potassa. The acids and oxygen go to the positive. Of course, chemical local action is set up around the poles in contact with the electrodes, hence care must be used that we select the proper pole according to what we desire to do. In electrolysis of a fibroid we aim at disintegration, hence the negative is introduced by needles into the mass. The result is a liquefaction of the part caused by the electro-chemical caustic action, and its extent is governed by the strength of current. If on the contrary, we propose arresting hemorrhage from a bleeding myoma we depend on positive polar action, because the tendency of that pole is to coagulate blood or to seal up patulous capillaries, if they are not too large. It would, therefore, be a serious blunder to employ either pole indiscriminately in electrolysis of urethral stricture, or in the treatment of uterine fibroids. Great harm has already been done through ignorance of the fundamental principles here alluded to. The use of electricity in pulmonary disorders has not received the attention which it deserves. In the service of Dr. W. R. D. Blackwood, at St. Mary's Hospital, of Philadelphia, very decided relief has ensued in cases of phthisis under the application of both faradic and static treatment. The debilitating night sweats were often checked for a week after the first dose, and the chest pains were considerably diminished. The nutrition was sometime greatly heightened, and this gain alone was valuable in such cases. Chronic bronchitis and spasmodic asthma received much benefit from faradi-

zation of the thorax, and the dyspnœa was reduced in gravity. In two instances the paroxysms of angina pectoris were aborted by prompt galvanization of the sympathetic, the left side being selected preferably in both subjects; the relief was quicker than that following the inhalation of amyl nitrite. Hay fever has received pronounced benefit from galvanism applied as in exophthalmic goitre. The instances of advantage gained by electricity are not frequent in this distressing malady, simply because sufferers rely usually upon change of scene or climate; but enough has already been discovered to warrant a thorough trial of electricity at home before putting patients to the expense of travel, which they often find burdensome. In vaso-motor disturbances electricity plays a very important part as a curative agent. In exophthalmic goitre galvanism reduces the glandular swelling and relieves the protrusion of the ocular bulb. The method of application is to place the anode directly under the angle of the inferior maxillary bone (over the pneumogastric), and the cathode over the solar plexus, sending a moderate current for say ten minutes three or four times a week. In a few instances faradism applied to the cervical spine and pit of the stomach is stated to have been efficacious, but as the constant current is known to be successful it is unwise to waste time in experiments. In neurotic skin affections electricity plays an important rôle. The distressing symptoms of prurigo are frequently relieved by general galvanization. Some forms of eczema are much benefited by either faradism or induction currents. Acne may also be cured by local galvanization, and at present attention is being directed to the use of strong currents in ulcerative skin diseases. Cancer has apparently been checked by electrolysis, an interesting report having lately appeared in The British Medical Journal, from the pen of Dr. Parsons, of the Chelsea Hospital for Women. M. Darwin also reports excellent results by electrolysis in the treatment of cancer of the breast and various other tumors. The use of small galvanic couplets applied directly to ulcers has been long known. Early in the history of electro-therapeutics, static electricity was extensively used, but for a long time it fell into disuse. Some twelve years ago this form of electricity was again taken up, especially by physicians in New York and Philadelphia, and reports of successful use were published in our leading journals. It undoubtedly has a prominent place in peripheral nerve disorders, and there is reason to believe that deep-seated lesions are favorably affected through probable reflex action. As a tonic, the general electrization of the whole body by static machines is very effectual. The various hyperæsthesias and anæsthesias of the surface are amenable to cure or relief by static applications, and diseases resembling herpes zoster in their origin may also be overcome by this form of electrical treatment. Spermatorrhœa and similar debilitated conditions of the generative organs are frequently benefited by static electricity in the male, and amenorrhœa in the female is sometimes overcome by this form after failure of other means, including dynamic electricity. Saturnine palsy and writer's cramp also receive decided benefit under static treatment. As a means of producing counter-irritation in joint troubles, such as in gout or articular rheumatism, static induction is frequently preferable to faradism. Both galvanism and faradism have decided effect in reducing febrile conditions. This is partly due to the known power of electricity to equalize circulation, the pulse being slowed in the majority of instances without, however, reducing its volume or tone. One good result attainable from the latter effect is the relief of insomnia in cases where drugs can be desirably omitted. General faradization at bedtime in fever cases not only reduces the temperature, but it has a special calmative effect of which advantage should be more frequently taken. The application can be made by the nurse or a member of the family after slight instruction. Patients thus treated are apt to have a better night, through abolition of the restlessness which characterizes typhoid conditions even when apparently asleep. There is no secondary depression induced by electricity thus employed, and as narcotics are prone to be followed by not only depression, but nausea and indigestion in many subjects, the advantage of electricity as an efficient substitute for them becomes apparent.

In diseases of children electricity obtains characteristic good results. Marasmus or general wasting and general debility without loss of muscle are readily overcome by thorough treatment. General galvanization should be used for its tonic effect and faradization of the muscle carefully practised to develop them by use without causing the patient fatigue by gymnastic or calisthentic exercises. In fact, most children are too young to permit of such exertion when affected by these disorders. Incontinence of urine, which we know to be extremely difficult to manage by drugs, may be controlled by galvanism faithfully pushed. The vomiting in cholera infantum is sometimes checked by mild faradic applications to the pneumogastric. Dyspnæa following whooping-cough, measels, and scarlet fever, and aphonia resultant from these affections is ordinarily removed without difficulty by galvanism, and in the latter symptom static electricity is extremely valuable. Dropsy following scarlatina is at times quickly reduced by localized electrization, as is cedema in either children or adults, provided Bright's disease is not present. The excretion of urinary solids is apparently promoted through local faradization of the kidneys in diabetes, whilst the volume of fluid is not increased, but, on the contrary, rather diminished in certain cases. Cystitis of children and adults is often cured by careful faradization, which tends to contract the engorged capillaries of the mucous lining of the bladder. The mucoid discharge is also, in these cases, much reduced under electrization.

SUSPENSION IN LOCOMOTOR ATAXIA.

By R. A. KINTOCH, M.D., CHARLESTON, S. C.

THE suspension treatment of locomotor ataxia having recently been much popularized, the method of carrying it out is important. The accidental death reported as having occurred in the prac-

tice of Dr. Vincent, of Sharon Springs, and the warning given by Dr. Hammond as to the danger attending the usual methods of proceeding, should lead to much reflection on the part of the profession.

Having had lately under treatment an intelligent mechanic (wheelwright), who was anxious to assist me in the proper management of this case, I was led to devise and adopt, with his assistance, a novel and, I think for many cases, a handy and useful method of suspension in which the danger coming of rotation of the body, while suspended, is certainly avoided. The plan has, besides, the merit of simplicity, the apparatus is inexpensive, and the patient, if not in the latter stages of the disease, can carry out treatment without aid. Not that I would recommend, however, as a rule, that suspension be practised when the patient is alone. In all cases it is safer to have assistance within reach.

The plan adopted, and to which the attention of the profession is now called, is to have the patient in the dorsal position upon a plank, the lower end of which rests upon the floor of the apartment and the upper end against the wall, so as to form with this an angle of from fifteen to twenty degrees. This will allow of the weight of the body, suspended by the chin and occiput, ensuring the necessary traction upon the spinal cord. The angle of the plank with the wall and floor may, however, be varied to suit the views of the physician as to the degree of traction required. The nearer the plank is to the perpendicular, of course, the greater will be the force of traction obtained by the suspension. The only precaution to be observed is that the plank inclines sufficient to insure its fixed position. Rotation of the body is securely obviated as long as the dorsal position upon the flat surface is preserved.

The patient is able, unless helpless from the too great advance of the disease, to manage the whole thing himself. He assumes the position upon the board, adjusts the chin and occiput slings, allows the body to descend because of its own weight, recovers himself, and takes off the weight and traction at will.

To accomplish this there is needed a smooth plank about seven feet long (length may be regulated to suit height of patient) and about fifteen inches wide. Six inches from the lower end a door or opening is cut about fifteen inches long and eight or nine inches wide. This may be square or rounded at the top. At the upper extremity of the plank is attached, by a few screws, a piece of iron, which curves over the top edge and extends five or six inches in advance of the anterior plane surface. The extremity of this iron rod ends in a hook or an eye. A crossbar of wood or iron, with an eyed bolt through the center and on a hook or a nob at each end, serves for the attachment of the usual leather bands and slingpieces for chin and occiput, as in Sayre's suspension apparatus. Or the crossbar may be dispensed with and a simple sling made with a piece of soft stockinet material, arranged so as to form the slings for chin and occiput, and fixed to a ring so as to be easily adjusted to the hook of the curved iron rod above. Upon the anterior lateral margins of the plank are affixed two crutch-heads, high enough from the lower end to admit of the patient putting his arms over them, and, when necessary, thus supporting the weight of his body. These crutch-heads may be affixed by movable screws, so that they can be elevated or lowered to suit patients of different height. When suspension is to be practised the patient places himself in front of the plank, which is inclined at the



desired angle, and rests firmly upon the floor and against the wall. With his back against the anterior plain surface, he now puts his heels through the door in the lower portion of the plank (B) and, standing upon the transverse border of the plank that limits the door below (b); he puts his arms over the crutch-heads to steady himself for a minute; then, with one or both hands, he properly and securely adjusts the leather slings and shafts to the chin, occiput, and sides of the head. If preferred, some assistant may do this for him. It now only remains for him to elevate his arms, slip his feet easily off of the door-sill, and allow the body to descend so that his feet

passes downward below the opening, but cannot reach the floor. Thus the body suspension is effected while rotation is impossible. After a few minutes, or when suspension is to be stopped, the arms are again dropped over the crutch-heads, the body elevated, and its weight thus taken from the head, the feet again drawn up, and the heels passed within the doorway. The legs now sustain the weight of the body, the straps are unbuckled, the headgear removed, and the patient takes position upon the floor, or may be assisted to a chair or bed.

In cases where a patient may be too helpless to use the apparatus after the manner described, it can be arranged so as to be first placed horizontal, and supported as an upright cross-frame by means of an iron bolt passing under and across the plank a little below its middle. The plank then works upon a pivot. The upper or head portion has under it either a stool or a leg attached by a hinge, and which reaches to the floor, so as to prevent the descent of the head portion. The patient is now placed upon the plank, when this is in a horizontal position. After the adjustment of the head-straps and slings, which prepares for suspension, the upper end of the plank, by means of a rope and pulley arrangement operating from the ceiling, can be slowly elevated to the necessary degree for insuring the descent of the body and, by consequence, the suspension by the head. any given moment, the slacking of the rope causes the plank and body to resume the horizontal position, and thus arrests the suspension.

DR. ALEXANDER B. MOTT, the well-known surgeon and physician of New York, died August 12, of pneumonia, at his farm near Yonkers.

RECENT MEDICO-LEGAL CASES.

BY HENRY A. RILEY, Esq., NEW YORK.

HE question of execution by electricity has been under careful examination in New York before a referee appointed by the Supreme Court, to determine whether this method of death was "cruel and unusual." If it should be determined to be so it could not be used, because the Constitution expressly provides that such a method cannot be enforced. A great deal of curious, interesting, and, at times, irrelevant testimony has been presented, but the report of the referee has not yet been made, so that the public can hardly tell on which side the balance of proof lies. One strange result will probably come about if the referee and the Court both hold that the use of electricity would cause a "cruel and unusual" death, and that is the escape of the murderer Kemmeler from being put to death at all, for there is now in New York no legal mode of execution except by elec-

This will explain the active efforts made by him to prove that electricity ought not to be used, but it hardly explains how such expensive counsel would engage in the effort for many successive days in midsummer. The explanation which many find in the long drawn out sessions before the referee is that the different electric light companies are deeply interested in the question whether their apparatus is deadly or not. If it should be demonstrated beyond a doubt that the current used by some of the companies in their ordinary service was likely to cause instantaneous death, it would lead the public, in all probability, to insist that better means be taken to isolate it, and this might be expensive. It is claimed by some companies that their apparatus is harmless, and it would be inconvenient for them, to say the least, to have it proved that it is death dealing. Hence, the active effort to prove that the alternating current is not fatal.

It is supposed that the Westinghouse Company is not pleased that its dynamos should have been chosen as the ones most likely to cause death instantly and painlessly.

Some of the testimony already presented has great interest, and should be printed for general distribution. The proof is, however, quite conflicting, and we do not see how the referee can report very decidedly for or against the use of electricity. It would hardly be according to the usual way of referees to report that he did not know anything about it, but would have to wait until an experiment had been made; but that is about the way the matter stands. The conditions under which an execution would be conducted are so different from a thunder storm that the freak of the lightning, in tearing all the clothes off a person and yet not causing death, can hardly be considered as decisive on the subject. Yet this case is one of the principal ones relied on by Kemmeler's counsel to prove that no certain results can be predicated on the use of electricity, but that death, if caused at all, would be a "cruel and unusual" one.

The question of Sunday observance and the drug stores has come up for settlement in Nebraska. It seems that the defendant in a criminal action kept a general stock of ladies' and gentlemen's furnishing goods, notions, fancy goods, dry goods, soaps, combs, toilet boxes, canes, etc., while adjoining was an establishment where almost the same goods were also kept for sale and, in addition, a general stock of drugs, etc. The defendant did not think it was right for him to obliged to close on Sunday while his neghbor was allowed to keep open, and, under the guise of selling drugs, also sell the articles which the defendant could not sell. He, therefore, decided to keep open, and was arrested. The Court, in holding that he was liable under the charge, and that the law was constitutional, also decided that the druggist could not sell general articles of merchandize on Sunday. The only way for the merchant to protect himself seems to be to have the druggist watched and arrested if he sells anything except medicine on

In a recent Georgia case it was held that it is within the discretion of the trial court to require the plaintiff, suing for a physical injury alleged to be permanent, to submit to an examination by competent physicians at the instance and at the expense of the defendant in the action, to ascertain the nature, extent and probable duration of the injury, so as to afford means of proving the same at the trial. The Judge stated that he could certainly admit of no doubt that in a proper case the cause of justice would be subserved by such an examination, and the decided weight of authority is that courts have such power. "As to the suggestion in argument that the rule would operate hardly upon delicate and modest females, we can only say that they would be safely guarded by the discretion of the trial judge There would be no danger, we think, in this country of an examination being ordered needlessly, or where an improper shock to modesty or feelings of delicacy would be likely. We decide simply that the power exists, and that in each case it is to be exercised or not, according to the sound discretion of the presiding Judge."

What care must a city take of the prisoners in its jails to prevent its becoming pecuniarily liable for its neglect? This was the question in a North Carolina court regarding the liability of the city of Asheville. The city, it seemed, supplied all the articles required by law to the jailers, but the latter were so neglectful or inhuman as to permit the window glass to remain broken during inclement weather, and not to supply bed clothing when in some way the previous supply had become entirely destroyed. The court held that under such circumstances if any harm came to the prisoners there was no liability against the city, no knowledge on the part of the officials concerning the neglect of the jailers having been shown.

The court ruled that this case was not like another, where the prisoner was confined in a narrow cell—eight by fourteen—located in a cellar under the market house, with no window and no ventilation, except a grate in the door that opened on an underground passage with a window at one end, lighted through a grate on the sidewalk.

The city would be presumed to know about struc-

tural defects of this kind, and consequently there would be a liability.

An English lawyer named Serjeant Robinson has recently published a volume of reminiscences of much interest and humor, and one of the incidents narrated is connected with Justice Maule, an eminent jurist on the English bench. The Justice was trying a man charged with an assault upon a female. The defense set up was consent on the part of the prosecutrix, and Maule soon made up his mind that there was abundant ground for it; but it was a question for the jury, although in summing up he pretty clearly indicated to them his opinion as to the course they ought to take.

But, as often happens, when an interesting young specimen of the other sex is concerned, juries are apt to wink at little foibles which they would not tolerate in their own.

In this instance they seemed for a long time very reluctant to adopt the Judge's view; but he generally got his own way, and having interposed with two or three sarcastic remarks during their deliberations, they at length acquitted the prisoner; whom Maule addressed in these words: "Let me, my man, give you a bit of advice. The next time you indulge in these unseemly familiarities, I recommend you to insist on your accomplice giving her consent in writing, and take care that she puts her signature to the document, otherwise it seems to me you may get before a jury who will be satisfied with nothing else."

A CASE OF OLD FRACTURE OF THE PATELLA

CURED BY WIRING THE FRAGMENTS.

By W. C. WILE, A.M., M.D.,

Ex-Vice-President American Medical Association, President of the American Medical Editors Association, Member of the British Medical Society, Editor of the New Eng'and Medical Monthly, etc.

OF all the various fractures of bones of the human body, there is none which excites more uneasiness as to the result of the healing process, in the mind of the surgeon, than does a solution of the continuity of the patella. Various devices have been advocated for the purpose of keeping the fragments in apposition, in order to have the desire of the surgeon realized—union by bone, instead of cartilage, but none of these instruments have produced the results, of which, taken collectively, we may, as a profession, be proud. To be sure, with the hooks of Malgaigne, better results have been obtained in late years than formerly, though the failures have been many and near together, while diseases of the fragments of bone have been caused by their use.

To say the least, they are cruel. Next to the hooks, come in their order plaster of Paris, mole skin plaster, bandaging, etc., all of which in our hands have proved unsatisfactory. To be sure, an occasional case will get well with fair results, from seemingly simple dressings, but these cases are exceptional and unusual. About twenty-five years ago the method of cutting down, and in the case of old un-united fracture freshening the edges of the fragments, and wiring tnem together with silver wire,

came into vogue. For a time it fell into disuse, to be again revived by that famous surgeon, Sir Joseph Lister, the man to whom we owe our deepest debt of gratitude. One thing seems to be pretty well established, and that is, by this method a greater percentage of good recoveries have been reported than by any other, and if done under strict antiseptic precautions, it is comparatively free from danger. The following case will illustrate the method and result:

John F. H., an American, forty-one years old, of bad habits, on January 23, 1884, about 5 P.M., slipped on the ice at One Hundred and Forty-eight Street and North Third Ave., New York City, and fell heavily to the sidewalk, striking his right knee. On attempting to rise he found he could not do so. An ambulance was called and he was taken to the Reception Hospital of Bellevue Hospital. At this place it was set, by means of, as he termed it, a surgical instrument and rubber plaster. He was kept there for two weeks and two days. On the Sunday evening previous Prof. Frederick S. Dennis saw him. August 31, had him put in a plaster-of-Paris splint and transferred him to St. Vincent Hospital. Here the plaster-of-Paris splint was kept on for three days, when he was taken to the operating room and Prof. Dennis applied Malgaigne's hooks. This was done without ether but with considerable pain. These hooks were kept on for six weeks and were then taken out, but not without causing a great deal of pain during their removal by House Surgeon Riley. He remained in the hospital two weeks more and then left with an ununited fracture, but still with the aid of a cane was able to crawl around. In October, 1887, he was brought to me by Dr. G. H. Pierce, of this city. I found that the bone was fractured in three pieces, that there was only cartilaginous union, and that the gap between the fragments was about two inches. His trade was that of awning maker and at it he could not work at all. In fact he was liable to fall at any time from the slightest rotation inward or outward of the foot. I advised an operation and he was removed to the Danbury Hospital where, on November 26, in the presence of Dr. Robt. T. Morris, of New York, Drs. Watson and Pierce, of Danbury, Barber, of Bethel, and Todd, of Ridgefield, I did the following operation. Thoroughly washing and shaving the parts with soap and water, aided by a nail brush, and then douching the limb with a solution of bichloride solution 1 to 1000, I made an incision (an irrigating tube playing on the wound all the time, with a bichloride solution 1 to 1000) in the median line over the patella. The incision was about seven inches long, and the skin and fascia were then dissected up. I found that the fragments were widely separated and connected only with moderately firm cartilaginous bands. These I dissected out, and with a cartilage knife I cut away enough of the bone of each fragment to make a well roughened edge. By the aid of assistants I made holes in them, and drawing them together with double silver-wire I twisted them tightly. The coaptation was perfect.

After all the sutures were in position, the ends were twisted and hammered into the larger fragments, where they have remained to this day, caus-

ing no inconvenience whatever. The débris was all cleared out, bleeding stopped, the edges of the wound brought together with silkworm gut stitches, iodoform dusted on the external surfaces, a cotton pad placed over all and a roller applied. A straight board splint was applied to the posterior surface of limb, held in place simply with a roller. The patient rallied from the shock quickly, and for ten days did not have a pain or suffer the slighest inconvenience. On the thirteenth day I took off the posterior splint, and put on a plaster-of-Paris dressing, but this caused so much pain that I had to remove it on the same day, replacing it with the old one taken off. The patient was kept in a recumbent position for eight weeks, when he was allowed to go about the ward. The wound healed throughout its entire extent by first intention. There was no inflammation of any character, and when he was discharged after three months there was firm union, the limb was strong, as he said, as strong as ever. Here certainly was a man restored to usefulness by the wiring of the fragments when several other methods had failed.

The Polyclinic.

MANHATTAN GENERAL HOSPITAL, NEW YORK.

ACUTE ENDOCARDITIS—HYDROTHERAPEUTIC TREATMENT.

M ARY MORRIS, aged eight, admitted April 21, 1889, suffering two months from cough and severe pain in left chest. Whole body is cyanotic, countenance distressed; cannot sleep on account of cough and dyspnæa. Lungs normal; systolic bruit loudest at apex, transmitted to the left. Temperature 102.6°; pulse 120; respiration 60.

April 27. Very restless and fretful. R.—Tr. digitalis, m v, t. i. d.; calomel, gr. vi. Temperature 104°;

pulse 125; respiration 56.

May I. (Service of Dr. Baruch.) Condition unchanged. Temperature 102.7°; pulse 110; respiration 40.

May 3. Area of cardiac dulness increased; apex displaced to right; systolic murmur at base. Temperature 101.6°; pulse 120; respiration 50. R.—Ice bag to præcordial region. Discontinue digitalis.

May 5. Temperature 99°; pulse 108; respiration

40. Considerably improved.

May 7. Temperature 99°; pulse 100; respiration 36. Ice discontinued on account of defect in bag; patient greatly improved.

May 23. Has continued to improve; discharged,

cured, to-day.

SUBACUTE RHEUMATISM TREATED HYDRO-THERAPEUTICALLY.

Mrs. Julia L.; admitted April 25, 1889. Had acute articular rheumatism eight months ago; recurred several times. Both knees, ankles, and wrists enormously swollen, very painful, tender, slightly red. Antipyrin and tincture of iron preceded by calomel.

April 29. Pain diminished, only on moving. Ol. gauetheria to substitute antipyrin. Hot fomenta-

tions to joints for fifteen minutes followed by cold douching.

April 30. Antipyrin, 15 grains, every three hours. May 1. (Dr. Baruch's service.) Pain considerably diminished, swelling same. Medication continued.

May 3. Medicine discontinued. Blanket pack on entire body, with frequently repeated hot fomentations (almost dry) to the joints, until entire body was in full perspiration. This to be followed by rapid cold washing and friction.

May 8. Swelling considerably diminished, pain and stiffness somewhat increased. Continue daily pack and washing.

May 11. Swelling subsiding, pain same. Ordered wet pack followed by half-bath.

May 20. Swelling greatly reduced. Wrists still measure 10 inches in circumference; pain diminished.

June 4. Little pain except in elbow and shoulder;

stiff in other joints. Wet pack continued.

June 6. Is sitting up., Wrists measure 6½ inches in circumference (a reduction of 3½ inches in seventeen days); appetite good; general appearance greatly improved.

Menstruation occurring, the cold, wet pack was discontinued, the swelling again increased, and the patient, declining further hydrotherapeutic treatment despite the evident benefit, was discharged from hospital.—Baruch.

PENNSYLVANIA HOSPITAL.

ERYSIPELAS.

ONGSTRETH presented a marked case of erysipelas, attended with difficulty of hearing. The patient was a large robust-looking man, about thirty years of age, and an ice wagon driver by occupation. He was addicted to drinking, and three years ago had had a severe chill as a result of exposure occasioned by over-indulgence. He then, however, was not affected as at present, which condition has also been brought about by exposure to cold, necessitated by his occupation, having been suddenly attacked while engaged in delivering ice. He was given injections of pilocarpine, and applications of bicarbonate of soda were made to his face, resembling in color a rising full moon. To the blistered parts cosmoline was applied. The professor cautioned against the use of pilocarpine where the disease is attended by pneumonia, or is due to a septic

RHEUMATIC SKIN ERUPTION.

Longstreth presented a young woman, whose skin was thickly covered with rheumatic eruptions, being especially marked on the face. Her temperature ranged from 103° to 104°. She experienced pain only in the ankles. She was first given citrate of potassium, then the salicylate of soda, in tablespoonful doses. The latter was covered by glycerin, 3ss, and the compound spirits of lavender, 3j, and water, q. s. for a tablespoonful, the salicylate of soda being readily soluble in glycerin.

BUBOES.

Ashhurst placed a patient who had three attacks of gonorrhea, followed each time, a few months later

by a swelling in the groin, and whose urine presented faint traces of albumen, on the iodide of arsenic. The professor called attention to the fact that many inguinal swellings are not preceded by gonorrhea; such as the bubo domblet, otherwise known as the bubo of primary attack, which he regards as a simple adenitis. In painting a bubo with iodine, he recommended that it be applied not over the swelling, but around its base, since the swollen part is extra-vascular, and therefore counter-irritant effects are not obtained by painting it. In opening a bubo, he advised making the incision in the line of the long axis of the body and not parallel to Poupart's ligament, inasmuch as an incision thus made would not avail for the escape of pus when limbs are flexed.

As an application for the relief of pain in sarcomatous growths of the groin, extending from the abdominal wall, Ashhurst recommends fifteen grains of iodoform to an ounce of belladonna ointment. He stated that sarcomata, as a rule, grow more rapidly than carcinomata.

EMPYEMA.

Ashhurst brought into clinic a young lad, upon whom he was to perform thoracic paracentesis for the relief of an extensive pleural effusion. Patient had a severe cold last March, attended with a pain in the left side. There was no history of an injury, so that the development of the empyema was thought to be entirely due to a latent cause. Patient had continued to work up to the time of his admission to the hospital, and until shortly before admission had experienced no great pain. Examination of chest showed that there was a large quantity of pus in the pleural cavity. The heart was pushed considerably out of its normal position, its impulses being distinctly felt against the walls of the right chest. There was no evidence of destruction of lung tissue, though vesicular breathing was heard at the base of the left lung, posteriorly. The head of the abscess appeared to the right and an inch below the left nipple. At this point an incision was made obliquely to the ribs. Upon entering the pleural cavity there was no escape of air, showing that the lungs had not undergone any destruction. The pus was now allowed to be pumped out by the breathing of the patient, and a large quantity was thrown out. Then a second incision was made about six inches below and to the left of the first incision, and a drainagetube was inserted, passing through both incisions so as to secure a free and thorough draining off of the pus. The cavity was washed out with a solution of the bichloride of mercury. The incisions were closed with silver sutures and dressed antiseptically. The patient's temperature had not exceeded 100°, but had run down to 97°. He had had good appetite all the time, and had made no serious complaints. The case is remarkable for its comparative painlessness in view of such an extensive extravasation of pus.

Typhoid fever is said to be on the increase in New York. The Bellevue Hospital authorities report an unusually large number of patients suffering from this disease.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 31, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor, S. BARUCH, M.D., Editor for New York.

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MR. WHEELHOUSE AND MEDICAL EDUCATION.

BEFORE the annual meeting of the British Medical Association, recently held at Leeds, the President, Mr. Wheelhouse, delivered an able and suggestive address upon the general theme of medical education. After noting the slow and labored progress made by medicine in the earlier ages, when her

companions were "Arabian mythologists, astrologers, and such like visionaries," and her path lay through gloomy times of mystery and doubt, he rejoices that she has become an acknowledged power, and through the efforts of the Harveys, the Sydenhams, the Jenners, the Dupuytrens, Lænnecs, and Pasteurs, has taken her place as the companion of even the exact sciences. The wonderful advances of the last few years are not evidences that we are brighter or more industrious than our forefathers; for had they the conveniences of printing, rapid travel, and close intercommunication, of the perfected instruments and discoveries of the allied sciences which we now enjoy, they would assuredly have accomplished the same as we have.

"Does America give birth to anæsthesia? And in what part of the world does the blessing of painless surgery remain unknown? Does Sir Joseph Lister satisfy his own mind of the infinite powers of antiseptic surgery? And in how short a period of time is his brilliant discovery the common property of every surgeon in the world?"

The physician at the commencement of the present century was usually a hardworking, industrious man, whose knowledge and practice were purely empirical with him, whose head was full of formulæ for diseases with which he was only superficially familiar. His treatment looked more to nomenclature than pathology, for he knew but little of the latter. He had his remedies for fever, tic, rheumatism, indigestion, and scurvy, and for innumerable other complaints. He was usually shrewd, keenly observant, self-contained, and self-reliant. As a student he may have been rough and uncultivated, and was certainly not required to possess any special amount of education preparatory to studying medicine. In this respect the student of the present day is his superior, but, as Mr. Wheelhouse points out, he is his inferior in regard to that practical knowledge which is obtained by years of apprenticeship.

Cases are cited where men have graduated with all the honors awarded by our great schools of medicine, who have never passed a catheter, drawn a tooth, or applied the obstetric forceps, who would be worried to distinguish a sudaminal rash from scarlatina or rubeola, and who have mistaken the undilated oz and cervix of a pregnant woman for the child's head. And yet the student of the present day is infinitely in advance of his brother of the past in scientific attainments. The modern system of education, with its vast curriculum, is, unfortunately, made shorter in years, and, to a great extent, less practical than formerly. The practical drudgery of the earlycentury student may have made him superficial, but the splendid array of scientific acquirements demanded by the modern student renders him more industrious and more searching. Mr. Wheelhouse would combine the good there is in both the old and new systems, and thus obtain a more complete and practical education for the coming practitioner. He would insist upon, at least, a year's apprenticeship with some master or in some county hospital, workhouse, infirmary, or dispensary, where the beginner would meet with the ordinary run of diseases, and see them treated before he began his more elaborate studies. He would then have him attend his four years' college course, and his examinations be few, thorough, and practical, instead of being cut up as they now are and favoring the cramming process. He thinks that by holding a single, thorough examination, theoretical and practical, as the final test of ability to practice, the student would be compelled to keep well in hand all that he had learned before, and not merely dole it out, as he now does, and immediately forget it after each of a dozen or more short examinations. These views, coming, as they do, from a well-known and experienced teacher, carry special weight.

Strange to say in direct contrast to these suggestions of M. Wheelhouse, the British authorities are deliberately opposing the system of preliminary pupilage as a necessary part of medical education, and Professor Puschmann has already declared "that in many other directions this mode of entry into the medical profession is objectionable. It misleads the learner into superficiality, because it accustoms him to skim the reality of things, since knowledge and intelligence fail to enable him to reach the bottom. Moreover, the results obtained scarcely repay the sacrifice in time and trouble which they occasion the physician who acts as teacher, and still less justify the inconveniences in the treatment of disease which they bring in their train."

This discussion about the best methods of education guarantee to us the progress of our profession. The past has shown us its errors, the present will doubtless show the future those still remaining. Nevertheless we are advancing, and to hasten the time when medicine shall wear her brighter laurels, we need to improve from day to day our system of medical education.

THE METRIC SYSTEM.

FEW weeks ago, in conversation with a member of a prominent committee for the furtherance of the metric system of weights and measures in this country, we expressed our objection to its use in our own work before it had become universally adopted, because of the many very serious blunders likely to occur when two systems were being employed in medicine at the same time. We declined to help the introduction of the metric system in such a loose, slip-shod sort of a way. Aside from any annoyances, the dangers themselves would be most positive. Even if the pharmacists were well acquainted with the system and capable of readily transmitting one set of denominations into another-not a particularly easy thing to do at any time when using powerful drugs—a fellow-practitioner less enthusiastic

about the system, and therefore less likely to be perfectly familiar with it, would be decidedly handicapped if suddenly called to a case of emergency in which the metric system had been employed in the previous treatment by the regularly attending physician. The remedy in such instances would be, of course, to insist upon every practitioner being practically acquainted with the system, and the best way to insure that would be to make it universal and compulsory.

Personally, we are in favor of the metric system, and would like to see it adopted. There are many arguments in its favor.

The one often advanced in favor of Latin prescriptions, that they can be read by scientists of all nations can almost be applied now to the metric system, and, according to M. De Malarce, this system is rapidly extending. In 1887, the aggregate population of the countries in which the metric system was compulsory was more than 302,000,000, an increase of 53,000,000 in ten years. In the same year the countries with a population close on to 97,000,000 used the system optionally, while the countries where the metric system is largely admitted, though partially applied (Russia, Turkey, British India), had, in 1887, a population of 395,000,000, an increase of 54,000,000 in ten years.

The systems of China, Japan, and Mexico are decimal, but not metric. Thus, the metric system is legally recognized by 794,000,000 of people; so that only about 42,000,000 of inhabitants of the civilized world have systems which are neither metric nor decimal.

We will not dwell upon the arguments based upon the fact that, when once learned, the decimal system is easier to remember and apply; that it is less liable to cause errors in prescription writing, the line being used instead of the point, and no confusing drachm or ounce signs being employed at all; and that its quantities are more fixed and scientific than those of the English system; because these have all been dwelt upon before.

We find that the general voice of the profession, individually and through the societies, is in favor of the metric system, but doubtless many of the gentlemen decline, as we do ourselves, to be embarrassed with a double system in operation. Better a poor one that is universally familiar than the most perfect one known only to a comparative few. Our country and profession are ready for a change in the weights and measures, and it only needs some sort of constituted authority to enforce the new system.

The Government is about adopting it in its various departments of customs, with the purpose of thus giving it prestige and favoring its adoption by the mercantile and commercial world. There is no constituted body that can compel its universal adoption by the medical profession, but could not the committee appointed to revise and issue the next pharmacopæia, which will meet soon, do something in conjunction with the American Medical Association towards

establishing the system? We trust the matter will be taken up again, old as it is, and an effort made to radically institute this much-needed change in our system of weights and measures. The teaching of it in our schools and colleges, which now amount to little more than a farce, or at most a kind of elegant accomplishment, would be of some avail, for graduates would have to know it to enter into active practice. The risks attendant upon a dual system would be forever banished, and our scientific standing in this respect would be on a par with that of the other nations.

HYDROCHLORIC ACID IN INDIGESTION.

SOME very recent investigations of Boas, whose contributions, in connection with Ewald, to the physiology of digestion, and to the clinical study of its derangements, are familiar to the profession, afford valuable hints which may be utilized in the latter.

Boas confirms the findings of Munck, Fr. Mueller, Kesch, and others, that the intestinal fluids, contrary to formerly accepted ideas, possess no emulsifying property, and that such a function is rendered improbable by the almost constant reaction during intestinal digestion. There is, it is true, a considerable splitting up of neutral fats under the influence of the intestinal fluids. In normal digestion there is a preparatory duodenal digestion, a continuation of stomach digestion, which ceases only when acid chyme masses cease to flow; then the essential intestinal ferments and the bile begin to act. In those pathological cases in which an excess of acid is secreted, the stomach digestion is prolonged into the intestinal canal; the digestion of carbohydrates and fats must, therefore, suffer materially, while the albumens are easily disposed of. On the other hand, insufficient secretion of acid, and consequent too early and persistent alkalinization, may give rise to bile decomposition and to the formation of aromatic substances (skatol, indol), with a tendency to flatulence, meteorism, diarrhœa, and their consequences. In cases of defective acid secretion, the therapeutic importance of hydrochloric acid does not rest so much upon its digestive action, which in the small doses usually administered must be rather doubtful, but to its antizymotic influence. Hydrochloric acid acts as a disinfectant upon the gastro-intestinal canal. If a decided digestive influence is desired in these cases, pancreatic preparations, which in the absence of acid may act without hinderance, are indicated. These views of the true action of hydrochloric acid explain its value in checking the troublesome eructations and flatulence in nervous dyspepsia, in which irrigation of the stomach, several hours after a meal, demonstrates a perfect stomach digestion. The successful application of hydrochloric acid in these distressing cases would be inexplicable upon any other theory than that advanced by Boas, that it acts as a disinfectant of the gastro-intestinal canal.

STRYCHNINE IN DIPSOMANIA.

RECENT contributions to the literature of the subject would confirm the views advanced by subject would confirm the views advanced by Popoff, Manassen, and others, that we have in this alkaloid a valuable remedy against a disease which baffles our best directed efforts. The hygienic and moral management still occupy the most prominent place in its therapeusis, as in all other maladies the removal of the causes is here of the first importance. Physiological experiments, which are the only rational basis for correct therapeusis, have, in this instance, confirmed the empirical results. Dr. Jaroshensky has ascertained from accurate experiments on dogs that strychnine undoubtedly neutralizes the toxic and narcotic effects of alcohol; that it renders it possible, therefore, to administer large quantities of alcohol for a long period without producing the usual organic changes. He argues from these facts that a cautious administration of strychnine is of advantage in all forms of alcoholism, both as a curative and prophylactic agent. It may be administered internally or by hypodermatic injection. The latter is preferred by Dr. Albright, of Brighton (The Lancet, May 21, 1889), in doses of five drops once during twenty-four hours, of a solution of 1 grain to 200 drops of water. He claims to have treated nine cases of long duration and severe type, two of which had delirium tremens, with the result of inducing a positive disgust, which begun at once and continued until the patient was restored, in ten or twenty days, with improved general condition.

So simple a treatment, based, as it is, upon physiological experiments, and confirmed by the experience already reported by others, surely commends itself to our acceptance in these unmanageable cases.

Annotations.

UNIFICATION OF WEIGHTS AND MEAS-URES USED IN FORMULÆ.

ADVANTAGES OF AN INTERNATIONAL PHARMACOPEA.

SCHAER reported to the International Con-VI. gress of Therapeutics, Materia Medica and Pharmacologie, held at Paris, that although there has existed since 1885, a project for an international pharmacopæa, elaborated by M. de Walheim, and which was presented at Vienna, it had not yet been discussed. On principle, such a pharmacopæa could not be officially established, for, on the one hand, if it included all the drugs employed in each country, its dimensions would become too great, and, on the other hand, if any of the special drugs of each country should be omitted, it would not answer the purpose for which it was intended. However, a very practical and acceptable codex might be constructed by the unification of the characteristics, the composition, and especially the alkaloidal names of the simpler or less heroic remedies, as well as their medicinal preparations. The weights, measures and names would then have to be made alike. Latin answers fairly well for the nomenclature, and the decimal system of weights and measures is now universally used, except in England and the United States.

LONG HOURS.

EVERYBODY makes use of the railway, and it is, therefore, everybody's business to see that railway affairs are conducted in the best known manner for the safety of human life.

Lately, another instance occurred, of an engineer allowing his train to run into another while he was asleep, the accident resulting in the death of several men.

Our first thought is censure of the engineer, but when the matter is investigated it will probably be found that he had been compelled to work too long at a stretch.

There is hardly any other work that requires a greater tension of the whole organism than that of a locomotive engineer. His work is consequently most exhausting, and he should have frequent rests. These men are not required to work more hours than others, but the trouble and the danger lies in the way in which these hours are divided. Previous investigations in accidents of similar character have shown that engineers have been compelled to labor continuously for from twelve to twenty-four hours. No words are necessary to prove the evil of this, but both words and actions are necessary to demonstrate to the railway companies that they may not thus carelessly and indifferently jeopardize human lives.

BROMIDE OF GOLD IN VARIOUS NERVOUS AFFECTIONS.

R. GOUBERT brought before the Paris Académie a paper on a new and effectual remedy for epilepsy. Ten years experience had convinced him that a considerable number of severe epilepsies may be certainly cured by bromide of gold, in the dose of 8 to 10 milligrammes per diem for adults, and 3 to 6 milligrammes for children in solution; the maximum daily dose being 12 milligrammes. This dose almost always produced severe headache. By lessening the. dose a point of complete tolerance may be reached, which includes all toxic effects. In typical migraine, bromide of gold was found ameliorative and curative, if administered in doses of three milligrammes in watery solution an hour before the two principal acids continued six or eight weeks. The attack may also be aborted by the administration of a dose of three milligrammes in its inception, repeated in an hour. Several cases of chorea have also been satisfactorily treated by Goubert, beginning with daily doses of four to six milligrammes, gradually increased every two days until the contortions were quieted. Children rarely have headache, but they become irritable.

In Basedour's disease the author obtained a rapid and satisfactory result; and he mentions the histories of three cases, treated several weeks.

PASTEUR'S PREVENTIVE INOCULATION.

Referring to M. Roux's able paper on the subject, the Wiener Med. Blaetter say "that while medical circles are still cool and skeptical in Germany, Pasteur's work has received widespread recognition by the highest authorities in England. The report of the Mansion House Meeting Committee, which received the approbation of Stokes, Roscoe, Paget, Lister, Horsley and others, is referred to by the Lancet as follows: "After all this we must acknowledge frankly that Pasteur has succeeded in rescuing a large number of human beings from a terrible death, which no one has ever accomplished before, and still he is attacked by respectable men who impute to him a character which is entirely foreign to him. Sir James Paget, Sir Joseph Lester and Prof. Horsley have, therefore, justly illustrated the thorny and yet self-sacrificing course of this modest and good man."

A very important argument for Pasteur's preventive inoculation is found in the following report from the *Bulletin Medical*. Two months ago a mad dog bit three members of a family, husband, wife and child. The man considered his superficial wound too trifling to require Pasteur's attention; but his wife's and child's injuries being serious, they were subjected to inoculation. In a few weeks the man died of hydrophobia, while the wife and child have thus far remained free from the disease.

REPORTORIAL INGENUITY.

As knowledge of the alleged Brown-Séquard discovery gradually spreads through the country, the ingenuity of cross-road reporters to the daily press has beautifully met the emergency.

One from New Jersey tells of a quondam, decrepit old man, who, after one injection of expressed rabbit juice, took upon himself the friskiness of that gay little animal. His locomotion is now performed only by hops and jumps, accelerated on hearing a dog.

Cabbage leaves and the like afford him needed food, and at last accounts he was seen to be digging a hole in the ground with his hands.

Another reporter has his man acquire canine habits, and pass his time in treeing cats and in the other sports common to any healthy cur. Indeed, these so-called "reports" need be limited only by the animals not yet extinct, so that we may expect them ad nauseam for some time to come.

Letters to the Editor.

In your issue of August 10, I regret to find that I am credited by Mr. Clark Bell with the extravagant statement that 70 per cent. of the patients in this hospital "could with safety be placed with farmers and others on the Belgian plan."

Mr. Bell is evidently laboring under a grave misapprehension as to my views on this question, for not only did I not make the assertion alleged of me, but I dissent emphatically from his proposition in so far as it might apply to any hospital for the insane with which I am familiar.

I shall esteem it a favor if you can find room in your Journal to publish this correction.

Yours, very truly, G. ALDER BLUMER. UTICA, N. Y., August 21, 1889.

· ABSENT UTERUS.

N July 28, 1889, I was called to see Miss M., aged nineteen, of handsome form and attractive manners. She had never menstruated, and wished me to ascertain by a thorough examination the cause. An investigation revealed the facts that the uterus was absent, the pubes hare-lip, the labia deficient in size, vagina capacious in diameter, but shorter by an inch or more than normal, clitoris onehalf average size with power of erection, mammary glands finely developed. The dome of the vagina was perfectly smooth. May 23, 1886, this young lady was brought to me from the care of a neighboring physician to be treated for retarded menstruation. Her physician diagnosed her disease as "galloping consumption." She was markedly chlorotic and suffering from mucous diarrhæa, bronchorrhæa, dyspnæa and indigestion. Food passing undigested. Twitchings of facial muscles with moments of semiunconsciousness. Pepsin with bismuth in a short time, checked the diarrhœa, and aided by strychnine and quinine, which were in a few days added to the treatment restored the stomach to a moderate degree of digestive action. She was then placed upon the following prescription:

She made a good recovery within three months, except the dyspnœa, which continued much longer. I urged an examination as soon as the chlorotic symptoms had subsided, but was refused. The bronchorrhœa referred to above is frequently diagnosed as consumption. A considerable number of chlorotic girls are brought to me every year for treatment, and I find many physicians misled by this non-inflammatory bronchial trouble.

JOHN B. BASKERVILLE, M.D.

Book Reviews.

THE ANNUAL OF THE UNIVERSAL MEDICAL, SCIENCE. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Issue of 1889. Five volumes. Edited by Charles E. Sajous, M.D. Philadelphia: F. A. Davis, Publisher.

When the first issue of the Annual was published last year, the precise and systematic method in which the thousands of quotations from the medical journals throughout the world were grouped and classified, involving, as it did, a prodigious amount of labor, called forth the highes praise and commendation from the critics and reviewers with such a degree of unanimity as is seldom achieved by any publication. Still the scope of the work was such that necessarily there was much room for improvement,

and the editorial department, acting upon the many suggestions received from members of the profession interested in the undertaking, have introduced into the present issue numerous features, which not only add considerably to the inherent value of the work, but will also tend greatly towards the furtherance of its marked success. A brief resumé of these will serve to demonstrate their merits.

In glancing over the compact and elegantly printed pages of the volumes, one cannot fail to be impressed with the immense stride which has been taken towards making their issue of the Annual still more comprehensive and cosmopolitan than was the former. The fact that over four thousand quotations more than last year have been added to the vast fund of information gleaned from all sources, largely through the untiring efforts of the corresponding staff of editors, is a worthy earnest that in the future no means will be left untried by which the work can be made one of incalculable value as a book of reference. To facilitate research, all foreign weights and thermometric measurements have been reduced to those in general use in this country, while, at the same time, they have been retained and placed side by side with the more familiar ones. Since the metric system of weights and measures is enjoying such a rapidlygrowing popularity in this country and elsewhere, the adoption of this innovation will doubless be greeted with the most hearty approbation. The dates, also, of all journals, periodicals, and brochures referred to have been mentioned in the text, that still greater facility may be afforded the investigator.

An improvement which far surpasses the others mentioned, and which alone would vastly increase the value of the work, is the insertion at the close of each volume of a complete index. The great advantage which is to be thus derived is patent to all, and the addition needs but to be mentioned to be commended. At the same time, the full triple index of the work is retained at the close of the last volume, constituting one of the most attractive features of the Annual. Just here we might be permitted to suggest that some degree of interest, and, also, we believe, of value, would be added to their index by the introduction of an alphabetical list of the authors and investigators quoted, with references to the departments in which their observations have been mentioned. We merely insert this, however, as a suggestion, which we would submit to the editorial department.

The chromo-lithog aphs, engravings and maps, of which there are thirty in all in this issue, are of a degree of excellence worthy of the standard of the work, and are valuable additions to the text, while the numerous illustrations add greatly to the interest attracted to the various departments.

Two new sections, Examination for Life Insurance and Railway Neuroses, have been given a place in the Annual for this year, their great importance, to a large proportion of the profession, demanding this new departure on the part of the editors. Climatology and balneology are thoroughly discussed, while bacteriology, which has grown into a science of itself, and a knowledge of which is now recognized

as of the utmost importance to the medical profession, is well considered. The great advances that are being made in this new field of scientific research, as shown by the reports for the past year, seem to indicate that we are upon the eve of a complete revolution in the science of medicine, and that in the near future all diseases will be classified upon an etiological rather than upon a clinical basis, while our treatment will tend towards the removal and destruction of the cause rather than towards the alleviation of the symptoms. Electro-therapeutics is likewise pressing its claims upon the profession, and while treatment by electricity will not prove the panacea which some at present seem to claim it to be, it will doubtless prove of extreme value in a certain class of cases.

In the hasty survey of the merits, or demerits, of a work of such a magnitude and scope as the Annual, necessarily many points of interest must remain unnoticed, only to become apparent upon a more careful investigation. We would remark, therefore, in conclusion, that the Annual is worthy of a careful perusal by each member of the profession, who, while too actively engaged in his business pursuits to search through the innumerable periodicals for desired information, will here find, already isolated from the mass of superfluous literature, that which he would ascertain, and in such a form as is most readily appropriated and digested.

Lesions of the Sacral and Lumbar Plexuses. By Charles K. Mills, M.D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic, Neurologist to the Philadelphia Hospital. Reprinted from The Medical News, June 15, 1889. 22 pages.

A learned discussion on the importance of grave lesions of the pelvic plexuses, including growths and other diseases of the uterus, ovaries, and Fallopian tubes; neuritis or nerve degeneration arising from pressure or bruising during labor; rectal disease; pelvic cellulitis; abscesses and tumors; and gun-shot wounds. In the diagnosis of these lesions, Dr. Mills lays great stress upon the value of close rectal examination, and upon the differentiation as to the lateral or bilateral character of the affections.

A MANUAL OF CHEMISTRY FOR THE USE OF MEDICAL STU-DENTS. By BRANDRETH SYMONDS, A.M., M.D., p. 154. Philadelphia: P. Blakiston, Son & Co., 1889.

This is one of the best of the student's manuals upon chemistry that we have ever seen. It vividly recalls to us the lectures of Prof. Chandler, both in its arrangement and method of presenting the subject. A book of this size must necessarily be deficient as a complete exposé of the whole science, and yet so concise and orderly is its matter arranged that there is but little omitted, which a medical student would need to know. The chapters upon water and air are especially interesting and practical; those upon graphical formulæ and chemical theories present in a brief and clear manner facts which are usually among the most difficult for a novice in the science to grasp. The entire work indicates plainly the author's knowledge of what a student needs, hence we recommend it as a text-book.

Lectures on Obstetric Nursing. Delivered at the Training School for Nurses of the Philadelphia Hospital. By Theophilus Parvin, M.D., Prof. of Obstetrics and Diseases of Women and Children at Jefferson Medical College. Cloth, 12 mo., pp. 104. Price, seventy-five cents. Philadelphia: P. Blakiston, Son & Co., 1889.

It was the author's intention at first to have these lectures appear only in a medical journal, but happily he has been persuaded to issue them in book form, which the publishers have done in a manner highly creditable to the typographical art. In no department of medicine is good nursing more essential than in obstetrics, and yet many of our best authorities are deficient in that kind of instruction, which is especially useful to the obstetrician; this little volume supplies the want. In these two lectures and appendix the personality of the nurse and the proper management of the lying-in room are treated of in all their minutial; while the style exhibits the classical and literary taste for which Dr. Parvin is so well known.

Pamphlets.

A Manual of Sanitary Rules and Regulations in the District of Narragansett, Rhode Island.

Cerebral Localization in its Practical Relations. By Charles K. Mills, M.D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine.

This is a paper that was read before the Congress of American Physicians and Surgeons, in Washington, last year. Its size almost warrants the title of book, and the name of the author is an assurance as to the value of the subject-matter. Dr. Mills goes thoroughly over the ground laid out in the title. He begins by relating the first suggestions as to the possibility of centers of cerebral localization, and mentions the first timid and cautious operations inspired by the new discoveries; then gradually leads us along the swift path of advance made by physiologists, neurologists, and surgeons, till he reaches the present status of affairs in this most interesting and important subject.

A large number of cases are cited of operations performed both in this and other countries for various brain lesions, such history being, of course, of the greatest value as a guidance in future operations. Several cuts are given illustrating the centers thus far localized. With regard to the motor zone, Dr. Mills says: "Wonderful, indeed, is this motor zone of the cerebrum, a marvellous mosaic of centers of function, wrought from the great conceptions and priceless labors of the artists of our own guild; a mosaic, to each block, angle, and jointure of which the neurologist can point the surgeon and say, cut here or there, or touch not this or that."

On the Nature and Treatment of Epistaxis. By Alexander Harkin, M.D., F.R.C.S., Belfast,

The author believes that continued attacks of epistaxis are frequently due to derangement of the liver, and he has had excellent results in obstinate hemorrhagic diatheses by administering internally chlorate of potassium and applying a blister over the liver.

The same treatment he has used with much benefit in cases of hemorrhoids. He cites several instances in proof of the good results.

The Inception, Growth, and Work of the Anglers' Association of Eastern Pennsylvania. By A. M. Spangler, President of the Association.

This is an interesting report of the work already done by this Association, and contains suggestions for the future. The name being rather misleading, the President believes that it ought to be changed, for the Association interests itself in everything pertaining to fish culture, fish protection, and fishing of every kind.

The Medical Digest.

THE Sanitary News criticises somewhat the sulphur fumigation recently recommended for the prevention of diphtheria by the New York State Board of Health in its bulletin. Prudden has shown the exciting cause of diphtheria to be the Streptococcus diphtherial which is not destroyed by sulphurous acid gas. Carbolic acid and corrosive sublimate are the only germicides that have proved to be satisfactory and efficacious.

The Sympathetic Ganglia.—W. Hale White M.D. Journal of Physiology, July 1889. In the human feetus the superior cervical ganglion is an organ having some function, but it begins to degenerate soon after birth and this degeneration continues till, towards the end of life, the nerve cells are atrophied and functionless. Further observations upon animals and human beings seem to prove that what is thus quite conclusively established in regard to the superior cervical and semilunal is true of all the collateral ganglia. In man the function of the lateral ganglia is maintained well into adult life and only begins to disappear in old age.

PROGNOSIS OF CIRRHOSIS OF THE LIVER.-Professor Semmola, of Naples, in a clinical lecture on Cirrhosis, published in Il Progresso Medico, maintains that the prognosis of the disease depends entirely on the quantity of urea excreted during twenty-four hours, as he has proved to his entire satisfaction in seven cases. He teaches that increase in the secretion allows a much more favorable prognosis than a decrease. The quantity of urea secreted corresponds, according to him, with the functional activity of the hepatic cells; so that the extent of nitrogenous metabolism is proportionate to the number of normally acting cells. For the treatment of the disease Professor Semmola recommends an exclusive milk diet, which must be systematically and regularly administered.-Lancet.

ALLEGED CONTAGIOUSNESS OF CANCER.-"A small commune in Normandy, Saint Sylvestre-de-Courcelles, with a present population of only three hundred and seventy-nine, as compared with five hundred twenty years ago, has in the eight years 1880-1887 lost no fewer than eleven of its inhabitants, between the ages of sixty-two and eighty-three. from cancer-a proportion of fifteen per cent. of the total mortality. All but one of the cases occured in males, and in as many as eight the cancer was seated in the stomach. Such facts have led Dr. Arnaudet ('L'Union méd.,' No. 52) to conclude that cancer is contagious, and is propagated through the medium of water. It is true, he remarks, that not one of the eleven persons mentioned were water drinkers, but then they drank cider, which is made with the pond water of the district. Dr. Arnaudet thinks this sufficient ground to advocate the use of antiseptics and of boiled water as prophylactics against cancer, as well as against typhoid fever or phthisis."—Lancet.

CIDER AND TYPHOID FEVER. — M. Olinir discovered the bacillus of Eberth in swamp water at Graville, where a typhoid epidemic is prevailing. In view of the fact that this water is largely used in the fabrication of cider and that his experiments prove that alcoholic fermentation does not modify the course of the bacillus, the question raised is an interesting one.—La Normandie Médicale.

-Gazette de Gynéeologie.

SENILE MICROBIO-MANIA.—A savant of Naples, Dr. Malinconico, has made a greater discovery than the famous elixir of youth of Brown-Séquard. The journals announce very seriously that Dr. Malinconico is about to discover the *microbe of old age*.

This microbe is transmitted, according to the Italian savant, by inheritance, invades with age the entire human organism, ravages and destroys it, producing old age, and finally death.

Dr. Malinconico hopes that he will be able to discover the means to combat, and finally to destroy, this terrible microbe, which will prevent men growing old. The savants are invaluable!—Revue de Thér.

THE USE OF ICE.—No ice in the morning on an empty stomach. No ice before or during meals. No ice during digestion. No ice after violent exercise. No ice when the body is perspiring. No ice for women during the menstrual period. No ice for children.

Those who make use of iced drinks should be careful not to drink too much, or to swallow too rapidly. In case a sudden chilling should be experienced the danger which threatens may be averted by violent exercise. In this way the circulation may be reëstablished.

In conclusion, it may be well to remember that the avoidance of these rules may result fatally.

-Journal de Hygiene.

UTERINE CARCINOMA. - Kaltentach presents the statistics of fifty-seven cases of total extirpation of the uterus through the vagina. But two deaths followed the operation instead of two hundred and twenty-nine, which is the figure given by most of the operators. He attributes these excellent results, first to the fact that he closes the peritoneal cavity after the extirpation of the uterus, and then he is careful to abstain from the abuse of antisepsis. In reality, many operators are not content in disinfecting in advance, as much as possible, the vagina, their instrumeuts, and their hands, but during the entire time of the operation they deluge the parts with relatively concentrated solutions of liquid antiseptics, which occasion fatal intoxication in a much larger number than is imagined, as many of the cases have never been published.

SACCHARINE.—At the meeting of the Académie de Medicine, M. C. Paul made another communication regarding saccharine; after having strongly recommended it. As a sweetening substance, in doses from ten to twenty grammes a day, he brings it forward today as one of the best of dentifrices, as it possesses the power of arresting fermentation.

-Bulletin de l'Academie de Medicine.

URAL, A NEW HYPNOTIC.—This body, obtained by dissolving urethane in chloral, presents itself in the form of crystals soluble in alcohol, little soluble in water, which volatilizes without decomposing, and is fusible at 106°. It imparts a bitter taste.

Poppi, who has experimented with the hypnotic, claims that it is the most rapid and trustworthy of all that we know. It does not modify the blood pressure, and its administration is never followed by accidents. It is prescribed with success in cardiac affections, mental maladies, hysteria, etc.

-La France Médicale.

The Pathology of Gout.—Dr. Maximin Legrand is about to publish a remarkable work upon this subject, of which the following are the conclusions:

1. The presence of uric acid in the blood and urine is physiological.

2. The excess of uric acid in the blood is inoffensive as long as elimination is not interfered with. Whenever the quantity of urine decreases at the same time as the quantity of uric acid eliminated in twenty-four hours, one may look for an attack of gout. As soon as the proportion of uric acid increases, the paroxysm is calmed. If this proportion passes the normal limits, the fit is at an end. This is the crisis of the ancients.

3. Lead, by affecting the kidney and diminishing the eliminating power of that organ, produces gout.

4. It is possible that iron may act in the same manner. It is generally acknowledged that the salts of iron, soluble and insoluble, produce in a short time an aseptic effect, and decrease the secretion of the gastric juice. They tend, therefore, to produce constipation by decreasing the enteric fluids (particularly the sulphates and the chlorides, which are the most astringent). One may presume by analogy that they constipate the kidney.

In considering that physiologists have made some researches on this subject, it is enough to know that iron favors plethora, to understand that it equally favors gout—gout which is the disease of strong men, and does not attack females until the menopause.

5. Plethora diminishes the volume of the kidney, and suppresses in part the eliminative function of that organ. Since Dr. Todd, of England, called attention to this subject, in all the autopsies of gouty subjects, the kidney is found reduced to two-thirds, and sometimes half its volume. This has been considered an effect of gout. It is, on the contrary, the cause.

6. The treatment of gout consists in establishing by every possible means the renal function.

-Revue de Thér.

THE experiments of Dr. Henry P. Loomis, of New York, with the so-called elixir of life, conducted with all scientific precautions, have not led to any very definite results. After deploring the newspaper noteriety given to the subject and stating what he considers to have been the true propositions of Brown-Séquard in regard to his experiments with the hypodermatic injections of testicular fluid, he says (New York Medical Record, August 24, 1889): "Following Dr. Brown-Séquard's instructions and always observing strict antiseptic precautions, I crushed in a mortar a small portion of the tissue of the testicle of a twoyear-old ram, mingled with an equal quantity by bulk of distilled water. The resultant mixture, after infiltration, disclosed under the microscope albuminous granules and crystals of spermine that are formed of a phosphate of an organic base, but no bacteria or spermatozoa. Thirty minims constituted a dose, and fresh material was prepared on each occasion. Not more than an hour was allowed to elapse between the death of the animal and the operation."

The following are the author's conclusions:

"I. a. I can see no reason to anticipate danger of septicæmia from the use of the fluid prepared under proper antiseptic precautions, provided the material used be absolutely fresh and free from all trace of disease. My attention was called to the necessity for the closest scrutiny in this last particular, by having discovered, in specimens taken from an apparently healthy ram, a solitary tubercle in which were demonstrated tubercle bacilli. In none of the cases have I seen any bad results, and only in a few has there been a moderate amount of pain at the point of injection, lasting from six to eight hours.

"b. I can explain the singular nervous affection apparent in certain of the cases only on the theory that upon the nerve-centers the mixture exerts some powerful but as yet unexplained influence, which, even if its use be eventually proved beneficial in some cases, must render its employment in others a matter of caution. It is far from safe to say and proceed upon the belief that 'if it does no good, it can do no harm.'

"II. a. I seem to see in almost all the cases old men subjected to the experiment an increase in strength and vitality which certainly persists for several days. I have noticed nothing in the least resembling the secondary depression which so commonly follows the use of ordinary stimulants.

"b. When used in cases of actual disease no modification of pathological conditions or processes has been recognizable.

"I therefore conclude:

"I. That the injection of this testicular mixture does, as claimed, produce 'nutritive modification' in the tissues of elderly men, due probably to the stimulation of the nerve-centers.

"2. As far as my own experiments are concerned, sufficient time has not yet elapsed to justify an affirmation or denial of the correctness of Dr. Brown-Séquard's second conclusion.

"3. There is in the theory sufficient ground for further experimentation."



THE TREATMENT OF ECZEMA. - Dr. Unna, of Hamburg, publishes in the Monatsschrift für Dermatologie a paper on the Diagnosis, Etiology, and Treatment of Eczema. He says that even before the experimental cultivation of bacilli exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhæic eczema, and the parasite causing it is the same which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhæic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhæic eczema in all its forms, viz.: Sulphur, resorcin, chrysarobin, and pyrogallol. Of these remedies resorcin is the best, as being the least likely to produce local or general ill effects. It may also be used in an alcoholic or watery solution, or in the form of ointment, paste, soap, or powder. Dr. Unna's favorite formula is a solution of three drachms of finely-powdered resorcin with an equal quantity of glycerin in six ounces of spirits of wine, diluted with four times the quantity of water or camomile tea. A thin layer of cotton wool well moistened with the solution is applied, covered with some waterproof material, and fastened by a bandage. These applications are particularly useful when the treatment is prolonged, or when it is carried out by night. They are, of course, impossible in general eczema of adults, but not in that of infants. Dr. Unna describes an especially important effect following the application of resorcin, viz.: a swelling of the epidermis, by which all painful fissures are healed in a single night. In order to ensure healing, he advises that the skin should be anointed after the removal of the bandage, and that washing with soap should be avoided. A few people suffer from a resorcin idiosyncrasy, which necessitates the immediate cessation of this treatment, and the application of powder to the affected parts. This idiosyncrasy is, however, very rare, as he has only met with it ten times in five years' observation, during which time he has seen 2000 cases. He remarks that his treatment is not adapted to those cases of long existing eczema, in which strongly-infiltrated or thickly-indurated patches occur.—London Lancet.

ILL EFFECTS OF ANTIPYRIN.—A young lady, aged twenty-one, has been under my care suffering from chronic ovaritis, associated with intense dysmenorrhæa. In addition to treatment by bromide of ammonium and tincture of gelseminum (which, by the way, were fairly successful in reducing the pain), I had given her some powders consisting of ten grains of antipyrin, one of which was to be taken when the paroxysms became severe. On July 25 last she took one of these (the first); about five minutes afterwards she experienced a very curious sense of heavy weight in the thorax, with a feeling of suffocation, her breathing became hurried and difficult, and there | minutes duration, repeated twice daily.

followed almost immediately a loss of power in the left side (the right side was slightly affected); in a few minutes a peculiar, very bright erythema appeared over the whole surface of the body, the patient appearing, as her mother said, "just like a boiled This rash was accompanied by a sensalobster. tion of "pins and needles" down the left arm and leg; the circulation seemed to be arrested for a little while, as the rash faded to a dull purple. In a few minutes a feeling of collapse set in, accompanied by a profuse cold perspiration, and simultaneously severe vomiting began. In about ten minutes, under the influence of stimulants, all these unpleasant symptoms passed off, and she seemed to have recovered entirely. That the drug was good was shown by the fact that two or three other patients had had some quite recently from the same box, and I can only attribute the symptoms above described to an idiosyncrasy on the part of the patient.

-Thomas Winsgrave, M.R.C.S., in The Lancet.

A MIXED CASE OF TYPHUS AND TYPHOID FEVERS. In a report of a case of a young man admitted into the Mater Misericordia Hospital, presenting the symptoms, on admission, of a typical case of typhoid fever, including diarrhoea and the rose-colored eruption, Dr. C. J. Nixon records that on the second day after admission the symptoms of typhus supervenedlow, muttering delirium and profuse maculated eruption over the the face, trunk, and dorsal aspect of the wrists. The disease ran a rapidly fatal course, death ensuing on the ninth day after admission, the twelfth of the fever, as nearly as could be ascertained. The autopsy, sixteen, hours after death, revealed a black fluid condition of the blood, the spleen in a state of putridity, and a medullary infiltration of the solitary glands and patches of Peyer, accompanied by swelling of the mesenteric glands. Upon this latter point, together with the clinical history, Dr. Nixon bases his diagnosis of a mixed case of typhus and typhoid fever, since of the hundreds of autopsies of typhus fever in not one is there a record of any intestinal lesions, all observations showing that in that disease the solitary glands and Peyer's patches present an absolutely healthy appearance. The paper is one of especial importance.

-Dublin Journal of Medical Science, August 1.

FARADIZATION OF ABDOMINAL CAVITES IN AS-CITES.—This treatment has been found successful by Muret (Rev. de Med., September, 1888) in two cases occurring in Kussmaul's clinic, and it is confirmed by Kaufman (Berl. klin. Woch., August 5, 1889), whose observations resulted favorably in ascites due to disturbance of the portal circulation in liver troubles, or diseases of the spleen, peritoneum, or in pericarditis; but not when the ascites formed a part of a general dropsy. The application offers more success when made immediately after paracentesis, because at the time the muscles may be brought into active contraction. The object aimed at is a thorough massage of the abdominal muscles, of ten to fifteen

Medical News and Miscellany.

It is reported that typhoid fever is at present prevalent in London.

Dr. J. G. Fritz, of Lebanon, was stricken with paralysis August 16, and died instantly.

MEASLES have caused death 583 times this year in Glasgow, being the severest epidemic of measles since 1871.

THE School of Medicine of Boston University has graduated 478 physicians. Nearly one-half of these are women.

COMPLAINT is being made in certain sections of the city that garbage is being hauled through the streets without the covering required by law.

A CHANGE of the time of meeting of the Mississippi Valley Medical Association has been ordered, and the meeting will be at Evansville, Ind., September 10, 11, 12.

The Royal Society of Hygiene in Italy has resolved to associate itself with the congratulation accorded by his countrymen to Max von Pettenkofer on his having attained his seventieth birthday.

The deaths of the following eminent men are announced: Dr. A. Nuhn, Honorary Professor of Anatomy in Heidelberg, Dr. Kandinski, of St. Petersburg, a well-known writer on mental diseases.

Dr. L. Webster Fox, of this city, is to be married, Sept. 4, to Miss Bickerton, of Liverpool, England. After the wedding they will make a tour of the Continent, which will probably extend to Noiway and Sweden.

Dr. EISENBERG and Dr. Wiley were in Reading recently, inspecting the hospitals of that city, they having been appointed a committee by the Norristown Hospital and Dispensary to submit plans for establishing the proposed hospital.

CALIFORNIA still continues to have faith in the health-giving properties of the eucalyptus. The State Board of Horticulture is just now distributing seeds which have been received from Australia of a large number of varieties of the famous tree.— Times.

THE Annual Meeting of the American Dermatological Association will be held in Boston, during three days, beginning September 17. For information, address Dr. Geo. H. Tilden, 122 Marlboro Street, Boston, Secretary and Treasurer.

SEVERAL cases of typhoid have recently occurred in a town in the province of Baden, Germany, and it came to light that three of the patients first affected procured their drinking water from the same well. The water was then examined, the strictest precautions being used to prevent infection from other sources. In three days the cultures were found to have developed on an average 140,000 colonies to the cubic centimeter (about one-half cubic inch). Ten tests had been made, but only in one of these was there found a single colony af typhoid bacilli.

-Deutsche Med. Wochenschrift.

DR GUERDER recommends the employment of equal parts of boric acid and powdered washed coffee as a snuff in whooping-cough claiming a cure can be affected in from eight to fifteen days.—Revu de Ther.

A New Use for Flags.—The Medical Department of the Paris University will use a flag whenever a confinement is in progress in the lying-in wards. A blue flag indicates a simple confinement, a yellow flag a difficult labor, and a green flag that an operation may be necessary.

Some weeks ago a patient reached Wilkesbarre from Washington to be treated for an affection of the eyes, and Dr. Lampman, whom he consulted, told him his sight could never be restored. The patient was made sick of discouragement, and a couple of evenings ago died of grief.

DR. JAMES L. CABELL, Senior Member of the Faculty of the University of Virginia, died at Overton, August 13. Prof. Cabell was a great-grandson of Dr. William Cabell, was born in Nelson County. Va., August 26, 1813, and graduated at the University of Virginia in 1833.

LIFTING the sick is a knack. After a baggage master employed at the Broad Street Station had vainly tried to lift his invalid father, a petite girl, a graduate of the Nurses' Training School of Philadelphia Hospital, came silently floating into the room, like a bit of zephyr, and gave the burly sick man just the turn he needed.

ANOTHER LOCAL ANAISTHETIC.—Since the advent of cocaine, it has become quite the fashion to discover local anæsthetics. The latest is one which was introduced to the members of the Berlin Medical Society recently. Hayap is its name, and it seems to have considerable power. An aqueous solution distilled into the eye of an animal brought about complete anesthesia which lasted in various instances from ten to twenty-four hours.

A SMALL boy sojourning on the coast of Maine sent the following clipping to his father in Boston:

Examiner: "What would you do in the case of a man with clammy sweats?"

Budding Sawbones: "Advise him to give up clams."

The boy appended the following:

"Dear papa, I thought you would appreciate the above, as you are having the sweats and I am having the clams."

TEA ADULTERATIONS FOR THE AMERICAN MARKET.—Consul Crowell, of Amoy, reports that a large portion of the Amoy oolong tea is poorly cultivated, picked and dried; that it is dirty and adulterated, and was called "stuff," in the last year's report of the Amoy Commissioner of Customs, who added that it "was alone wanted in America." This last, the consul says, is true; for nearly the entire crop of Amoy oolongs—bad and unfit often for use as they are—are annually marketed in the United States, and, he thinks, the American public ought to be warned and protected against this so-called tea.—Boston Medical and Surgical Journal.

A NEW use for rabbits has been found by the physicians of the Birmingham, England, Lunatic Asylum. A number of wild rabbits have been turned loose into the fields adjoining the institution, so that the inmates will be amused by seeing the rabbits run about, and to divert the minds of the patients is one of the great objects of the institution.

AT Marseilles, Bordeaux, and Poitiers, public exhibitions of hypnotism have been forbidden. Our Paris correspondent writes: The Department Council of Public Health advised the rector of the Academy to take this step in the districts under his authority, and he wisely followed the good advice. In Belgium, Geneva, and Mecklenburgh-Schwerin, they are likewise forbidden. In Paris, unfortunately, unwise doctors can show off their patients, and quacks follow in their steps with unwholesome imitations.

-British Medical Journal.

HYDROPHOBIA.—An extraordinary case of hydrophobia is stated to have occurred near Sheffield. It appears that an iron-moulder named Parkins died after several days' acute suffering, although there was no evidence of his ever having been bitten by either a dog or a cat. The doctor's opinion is that the malady was caused by the deceased having been licked by a dog on the face, at a spot where he had cut himself by shaving.—Lancet.

According to the new code (non-authoritative, however) of Belgian medical ethics, a medical man on being summoned to a new patient is bound to do his best to ascertain whether any one else has been in attendance during the present illness. The simple denial of the patient is not sufficient to absolve the doctor from any further attempts to learn the truth. If it is found that some one else has been in attendance during the existing illness, the successor is bound to satisfy himself that his fees have been paid before he accepts the position of medical attendant himself. When acting as temporary substitute for a confrère, if a new patient hitherto unknown to the latter sends, the locum tenens may retain him permanently on his own list.

IT is now more than thirty years since Dr. Landarrabico called attention in the medical journals to the great value of green or unroasted coffee in hepatic and nephritic diseases. After having continued to use the remedy for upward of a third of a century in many hundreds of cases, he again appeals to the profession, through the Moniteur de Therapeutique, to give it a trial in those cases of liver and kidney troubles which have resisted all other treatment. His habit is to place twenty-five grammes, or about three drachms, of the green berries (he prefers a mixture of two parts of Mocha with one part each of Martinique and Isle de Bourbon coffee) in a tumbler of cold water, and let them infuse over night. The infusion, after straining or filtering, is to be taken on an empty stomach the first thing after getting up in the morning. He cites many cases of renal and hepatic colics, diabetes, migraine, etc., which, although rebellious to all other treatments for years, soon yielded to the green coffee infusion. It is worth a trial at any rate.

LAZARETTO PHYSICIAN H. B. Brustar reported to the Board of Health that, on the arrival of the American Line steamer "Lord Gough" at Quarantine, he found Eliza Schembe, one of the passengers, and a native of Finland, suffering from scarlet fever. The patient was immediately removed to the Lazaretto Hospital, and the appartment occupied by her on the steamer was thoroughly disinfected before she was allowed to proceed up the river.

THE MORTALITY OF FOREIGN CITIES.—The annual death-rate per 1000 in the principal foreign cities, according to the last weekly return communicated to the Registrar-General, is as follows: Calcutta, 22; Bombay, 24; Paris, 22; Brussels, 20; Amsterdam, 22; Rotterdam, 26; The Hague, 25; Copenhagen, 27; Stockholm, 27; Christiania, 22; St. Petersburg, 33; Berlin, 32; Hamburg, 26; Dresden, 33; Breslau, 39; Munich, 39; Vienna, 23; Prague, 26; Buda-Pesth, 33; Trieste, 23; Rome, 20; Venice, 35; Cairo, 58; Alexandria, 40; New York, 39; Brooklyn, 32; Philadelphia, 30; and Baltimore, 28.

Dr. L. H. Taylor, of the State Board of Health, says that a week ago there were two hundred and fifty cases of typhoid fever in Wilkesbarre, and, in his opinion, the origin and propagation of the disease are due to the polluted water in the Laurel Run reservoirs, from which the city gets its supply.

The chemical examination of the water of Laurel Run does not discover the presence of any material amount of hurtful matter, but the microscope distinctly shows the presence of cesspool drainage of such character as condemns it absolutely for drinking purposes. The doctor thinks the only safe course is to condemn the present supply of water entirely.

NEW JOURNAL.—We announce to our readers the appearance of a new review, entitled: Journal of Cutaneous and Syphilitic Diseases, edited by Dr. Henri Fournier, with the collaboration of Drs. Buchin, Buret, Gaudin, Renouard, of Paris, Lassalle, of Montpellier, Martin du Magny, of Bordeaux, Schnell, of Marseilles, Alfred Cooper and Hugh Roberts, of London, von Duering, of Hamburg, Pauly, of Wiesbaden, Suzor, of Port-Louis, etc., etc. This publication will be of an essentially practical character, and its purpose will be to popularize in some sort dermatology and syphilography. It will be issued at Paris. We wish all success for our new contemporary.

John Kelly, a coachman, has begun suit in the Common Pleas against Dr. J. C. Guernsey to recover damages for personal injuries received on December 1, 1888, on Twenty-second Street, below Race. Mr. Kelly was in the employ of the doctor, and was, it is stated, in the habit of driving the physician around the city in his visits to his patients, but that on this occasion the doctor himself insisted on driving the horse, a spirited animal, and the consequence was that on account of alleged negligent driving the horse ran away and the plaintiff was thrown from the buggy and was badly injured about the head and legs. Mr. Kelly brings suit for the injuries received.

-Ledger.

THE Medical Society of Pennsylvania will hold no meeting this year. On accunt of the great calamity at Johnstown, and for other reasons, it has been thought expedient to adjourn the Convention until June 10, 1890.

THE first Annual Meeting of the American Pædiatric Society, will be held in Washington, D. C., on September 20 and 21, 1889, under the presidency of Dr. A. Jacobi, of this city. The sessions will be held in the Johns Hopkins Hospital, Baltimore, Md., by invitation of the director of the hospital. Papers are announced by the President: A. D. Blackader, Montreal, Canada; W. D. Booker, Baltimore, Md.; Dillon Brown, New York; A. Caillé, New York; Charles Warrington Earle, Chicago, Ill.; J. Henry Fruitnight, New York; Francis Huber, New York; A. Jacobi, New York; John A. Jeffries, Boston (by invitation); H. Hoplik, New York; Thos. S. Latimer, Baltimore, Md.; I. N. Love, St. Louis, Mo.; Arthur V. Meigs, Philadelphia, Pa.; J. O'Dwyer, New York; Wm. Osler, Baltimore, Md.; A. Seibert, New York; H. N. Vineberg, New York; W. T. Northrop, New York; J. L. Smith, New York; and V. W. Vaughan, Ann Arbor, Mich.

THE New York Sun says that twelve medical students found a suite of rooms on the top floor of an east side building, which they divided into sleeping apartments and study rooms. They were comfortably housed and excellently, though plainly fed, at a cost of \$3.33 each, per week. They exchanged among themselves the costlier books of reference necessary for their studies, and organized themselves into a society. Rigid discipline was maintained, and a duty was prescribed for every hour of the day. In the evening and early morning they were regularly quizzed by one of their number specially selected each week for that purpose, upon the lessons of the coming day, and the spare hours were devoted to study and review. Among the members there were three honor men in the examinations, last spring, and there promises to be several more of the same class at the end of the winter's season.

In the Societe de Biologie, Fere affirmed that a dying person in his last moments thinks of the chief events of his life. Persons resuscitated from drowning, epileptics with grave attacks, persons dying and already unconscious, but momentarily brought back to consciousness by ether injections to utter their last thoughts, all acknowledge that their last thoughts revert to momentous events of their life. Such an ether injection revives once more the normal disposition of cerebral activity, already nearly extinguished, and it might be possible at this moment to learn of certain important events of the past life. Brown-Séquard mentions the remarkable fact that persons who, in consequence of grave cerebral affections have been paralyzed for years, get back at once when dying, their sensibility, mobility, and intelligence. All such facts clearly show that at the moment of dissolution important changes take place, reacting upon the composition of the blood and the functions of the organs.-Medical Zeitung.

THE LOST STOMACH.

With a face that was full of care,
With his hat too small for his head,
The club man sat in a big arm chair,
And these were the words he said:
"It's O, that the awful truth
Is that little I can digest;
And it's O, for the stomach of sturdy youth
That did'nt want ease nor rest!

"It is O, for the good old time
When nothing a pang could bring.
When the maw I managed was in it's prime
And could wrestle with anything;
When the pie or the pickled beet,
Boiled cabbage or biscuit hot
To assimilate was a simple feat—
But the stomach that was not!

"Time was when a rich pate
Was a source of supreme delight,
And my head was of normal size next day
Though I drank like a fish at night;
But it's gone!" With a face of care,
With his hat too small for his head,
The club man sat in a big arm chair,
And those were the words he said.

—Western Medical Reporter.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 20, 1889, to August 26, 1889.

BAILY, JOSEPH C., Lieutenant-Colonel Surgeon and Medical Director. Leave of absence for one month is granted. Headquarters Department of Texas, San Antonio, Texas, August 12, 1889. S. O. 54, Headquarters Department of Texas.

POPE, BENJAMIN F., Major and Surgeon. Leave of absence for one month, with permission to apply through Division Headquarters for an extension of two mouths is granted. Par. 7., S. O. 55, Department of Texas, August 17, 1889.

Commanding officer at Jackson Barracks, New Orleans, La., telegraphs the Adjutant-General of the Army, that HARVEY E. BROWN, Major and Surgeon, died to-day, at 1.40 o'clock, P.M.

Changes in the Medical Corps of the United States Navy for the week ending August 24, 1889.

Scofield, W. K., Medical Inspector; Hibbett, C. T., Passed Assistant-Surgeon. Detached from the "Lancaster." White, C. H., Medical Inspector; Hesler, F. A., Passed Assistant-Surgeon Ordered to the "Pensacola."

CURTIS, L. W., Passed Assistant-Surgeon. Ordered to the "New Hampshire."

JONES, W. H., Surgeon. Detached from the "Pensacola," and placed on waiting orders.

VON WEDEKIND, L., Assistant-Surgeon. Detached from the "New Hampshire," and ordered to the "Pensacola."

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ending August 24, 1889.

Long, W. H., Surgeon. To proceed to Gallipolis, Ohio, as Inspector, August 7, 1889.

WHITE, J. H., Passed Assistant-Surgeon. Granted leave of absence for thirty days, on account of wound, August 16, 1889.

CONDICT, A. W., Assistant-Surgeon. Detached from Revenue Bark "Chase," and ordered to Louisville, Ky., for temporary duty, August 19, 1889.

GROENEVELT, J. F., Assistant-Surgeon. Ordered to South Atlantic Quarantine Station for temporary duty, August 8,

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute intestinal obstruction, medical treatment of, Gray. Kansas Med. Jour., August, 1889.

Antiseptics in surgery, McClintock. Kansas Med. Jour.,

Astigmatism and presbyopia in children, early detection of, Engstadt. N. W. Lancet, August, 1889.

Acute Multiple Adenitis, Langmaid. N. Y. Med. and Surg. Jour., August 12, 1889.

Affections of the spinal cord, suspension in the treatment of, Shaw. Atlanta Med. and Surg. Jour., August, 1889. Also in St. Louis Med. and Surg. Jour., August, 1889.

Arsenic, the Chemistry of, Hills, Boston Surg. Jour., Aug. 15, 1889.

Beitrag zur verebung der hypospadie, Lesser. Archiv. für Pathologische Anatomie uver für Klinische Medicin, 1889, Heft 3.

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Beiträge zür hypnotischen therapie, Michael. August 8, 1889.

Obstetrics, two unusual cases of, McHaltern. Atlanta Med. and Surg. Jour., August, 1889.

Obstruction and gangrene of the intestine; laparotomy; death, Briggs. Occidental Med. Times, August, 1889.

Correcting the whole error of refraction and the necessity of using a mydriatic, Cotter. Atlanta Med. and Surg. Jour., August, 1889.

Cellular abresiæ of the nymphæ, Logan. Canadian Practitioner, August 1, 1889.

Compound triple dislocation of the left astragalus, case of, Gott. Med. Record, August 10, 1889.

Concussion of the spine in its medico-legal aspects, Smith.

Jour. Am. Med. Association, August 10, 1889.
Chronic glaucoma, an analysis of ninety cases of, Bull.

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Cocaine hydrochlorate, the toxic effect of, Chetwood. Med.

Record, August 10, 1889.

Creosote in phthisis, a clinical note on the use of, New-comb. Med. Record, August 10, 1889.

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Ein fall von Gastritis catarrhalis chronica cystica proliferans, Langerhaus. Archiv. für Pathologische Anatomie und Physiologie und für Klinische Medicine, 1889, Heft 3.

Erosions and ulceration of the os uteri, a formula for, Jonson. Southern Clinic, August, 1889.

Electricity in gynecology, Davis. Atlanta Med. and Surg.

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Emphysema, McKee. Cincinnati Lancet-Clinic, August

17, 1889.
The etiology of typhoid fever, Crawford. Western Med.

Reporter, August, 1889.

Epilepsy, some general considerations in the treatment of,

Church. Western Med. Reporter, August, 1889.Eye surgery, needless and annoying restraint in, Chisolm.Jour. Amer. Med. Assoc., August 17, 18889

Electricity, the therapeutic uses of, Shoemaker. *Ibid*.

Foods, drugs, and their adulterations, report on. The
Boston Med. and Surg. Jour., August 15, 1889.

Fever, Burnham. Med. Standard, August, 1889.

Forms of crime, development of the, Fulch. The Open Court, August 8, 1889.

Hydronephrosis and renal atrophy, especially as resulting from functional disturbances of micturition, Edes. Medical News, August 10, 1889.

Hernies, a cure radicale des, Marsil. L'Union Médicale, Aout, 1889.

Typhogenic coccogenic and bacillogenic sycosis, Unno. St. Louis Med. and Surg. Jour., August, 1889.

Hysteria, a case in which symptoms of, were associated with those of aubillar lesion, Cordell. Maryland Med. Jour., August 17, 1889.

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Is it advisable for the State of Michigan to return to the County the care of the insane. Amer. Lancet, August, 1889.

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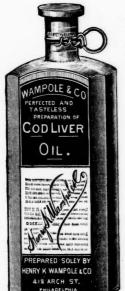
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Ulcer of the small intestine with perforation, Hutchens. Weekly Med. Review, August 10, 1889.

Wampole's Perfected and Tasteless Preparation of Cod-Liver Oil.



Combined with Extract of Malt, Fluid Extract of Wild Cherry Bark and Syrup Hypophosphites Compound (containing Lime, Soda, Potassium, Iron, Manganese, Quinine, and

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Notes and Items.

VISITORS to New York may be interested to know that the Everett House on Union Square is under the same management as the Ocean House, Newport. Those who visited Newport during the meeting of the American Medical Association will remember mine host Weaver, and cannot do better than patronize the Everett when they visit New York.

NEEDED A CHANGE. - Doctor: "What your husband needs, madam, is change of scene."

Mrs. De Temper: "Do you think he should go off for his health?"

Doctor: "Well, it doesn't matter which goesyou or he."

DR. BUNG-VETOT (St. John, N. B., August 10) treated aged and paralytic Keziah Driggs with a hypodermic extract of a slaughtered money. Six hours afterwards Keziah struck an attendant in the hospital and then climed the lightning-rod of the Church of the Holy Promise, where he has since remained astride the weathercock.

A STRANGE epidemic is said to have occurred in Newmanstown, a village of three hundred and fifty persons. At one time there were forty-five lying ill, some in a critical condition. Vomiting and dysentery are the severer symptoms early in the attack. The cause of the epidemic is unknown.

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One little fellow from Connecticut writes: "I can climb trees, play baseball and other outdoor games as well as other 14-year-old boys."

A large illustrated book will be sent free to those needing artificial legs or arms, or to physicians and others interested.

This book gives instructions how to order and be fitted while the subject remains at home.

United States Government contractor for the issue of limbs to pensioners of the United States.

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PHYSICIANS who have not received Dr. McDade's latest publication, the Monographia Syphilizian, should send their address, mentioning this Journal, and we will mail a copy. It contains a paper, illustrated with colored plates, by Dr. D. H. Goodwille, of New York, on the "Sequelæ of Syphilis," reports of cases in practice, and many other valuable papers.

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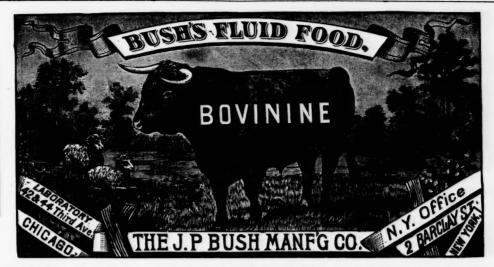
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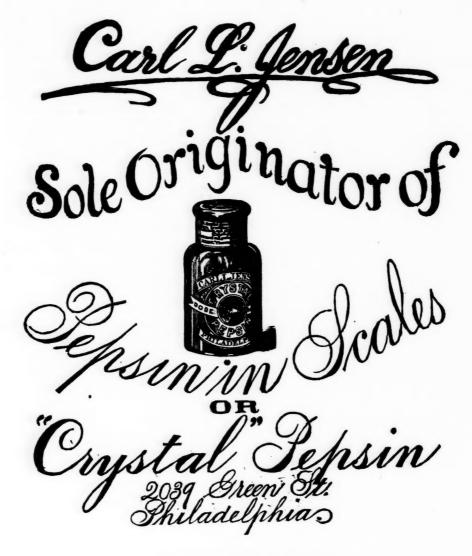
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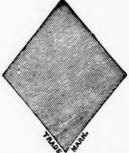
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